

www.mass.gov/abcc

LICENSE NUMBER	::00/00001		CITY OR TOWN	N DAKINSTF	ADLE
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	SNARKY, IN	C			
DOING BUSINESS	A BARBYAN	N'S RESTAURANT			
ADDRESS 120 AIR	PORT RD.				
CITY/TOWN: BAR	RNSTABLE	STATE: MA	ZIP CODE:	02601	
MANAGER: CUN JOHN		TYPE OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Ĺ	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PR	EMISES:			
KITCHEN IS APPROAREA HAS TWO E	OX. 1500 SQ.F XITS. UPSTAI	NTRANCE OF AIRPORT T. EXIT AT REAR OF D RS DINING AREA HAS 10. MAIN DINING AREA	DINING ROOM AT 50 SEAT AND ET	ND MAIN EN	TRANCE
I hereby certify and s	wear under pen	alties of perjury that:			
1. the renew	ed license will b	be of the same type for the	e same premises no	w licensed;	
2. the license	ee has complied	with all laws of the Com	monwealth relating	to taxes; and	
3. the premis	ses are now ope	n for business (If not expl	ain below)		
SIGNED BY	Individual, Pa	artner or Authorized Corp	orate Officer		
DATE:	TELEP:	HONE NUMBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT)	Individual Social S	Security Number)
Acts of 2004, signed	d by the buildir	e are in possession (1) th ng inspector and the hea nte of liquor liability insu	d of the fire depar	rtment for the	above
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
DATE:					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 007000005	(CITY OR TOWN BA	RNSTABLE	
APPLICATION FOR	RENEWAL:	Annual	LICENSED	FOR 2013	
		CLASS		YEAR	
LICENSEE NAME:	C & D SHAMROC	K, INC			
DOING BUSINESS A	A THE 19TH HOLE				
ADDRESS 11 BARN	ISTABLE RD, HYA	NNIS			
CITY/TOWN: BAR	NSTABLE	STATE: MA	ZIP CODE: 020	601	
	ERTY, TYP. STOPHER J.	E OF LICENSE: Resta	urant CATEO	GORY: All Alcohol	
EMAIL ADDRESS:					
I	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EMA	IL ADDRESS		
DESCRIPTION OF I					
	KITCHEN, GAME	ROOM. BASEMENT	RKING LOT. MAIN F Γ: COCKTAIL LOUNC		
I hereby certify and sv	wear under penalties	of perjury that:			
1. the renewe	ed license will be of the	he same type for the sa	ame premises now licen	sed;	
2. the license	e has complied with	all laws of the Commo	onwealth relating to taxe	es; and	
3. the premis	es are now open for b	business (If not explain	n below)		
SIGNED BY	Individual, Partner	or Authorized Corpora	nte Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER IDEN	TIFICATION NUMBER:	
			(Note: NOT Individual Social Security Number)		
Acts of 2004, signed	by the building ins	pector and the head o	certificate required by of the fire department ance required by Chap	for the above	
Please Check Below:			LOCAL LICENSING	AUTHORITY	
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
DATE:					



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LICENSE NU	MBER: 00/000006		CITY OR TOWN BAR	MISTABLE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED F	FOR 2013
		CLASS		YEAR
LICENSEE N.	AME: HYANNIS LO	DGE 31549 OF THE B	BENEVOLENT &PROTEC	
DOING BUSI	NESS A			
ADDRESS 85	2 BEARSE'S WAY			
CITY/TOWN:	BARNSTABLE	STATE: MA	ZIP CODE: 026	01
MANAGER:	WALKER, RICHARD J.	TYPE OF LICENSE:C	lub CATEG	ORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRE	MISES:		
THREE FLOC	ORS,BASEMENT,STO	RAGE. SECOND FLO	OOR: 3 ROOMS	
I hereby certify	y and swear under penal	lties of perjury that:		
1. the	renewed license will be	of the same type for the	ne same premises now licens	sed;
2. the	licensee has complied v	with all laws of the Con	nmonwealth relating to taxes	s; and
3. the	premises are now open	for business (If not exp	plain below)	
SIGNED BY	Individual, Par	tner or Authorized Corp	porate Officer	
DATE:	TELEPH	IONE NUMBER:		TIFICATION NUMBER: Social Security Number)
Acts of 2004,	signed by the building	g inspector and the he	the certificate required by ad of the fire department for surance required by Chapt	for the above
Please Check Bel	<u>ow:</u>		LOCAL LICENSING A	AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)			
DATE:				
ADDI ICATION FOR	DENEWAL MUST DE EU ED	RV I ICENSEES DUDING TUE	MONTH OF NOVEMBER (M.G.L. Ch	138 \$ 164)
ALFLICATION FOR	CICEMEN AL INIUST DE FILED	DI LICENSEES DUKING THE	MONTH OF NO VENIDER (M.G.L. CI	1. 130 \$ 10A)



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ON PREMISES LICENSE RENEWAL APPLICATION

EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE STORY WOODEN STRUCTURE WITH ONE ROOM. RESTROOMS, 16X20' DECK AND THREE EXITS. SEATING CAPACITY FOR 125 AT BAR & TABLES. INCLUDES 16 SEATS ON DECK. ENTRANCE AND EXIT TO BEARSES WAY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer EMPLOYER IDENTIFICATION NUMBER:	
LICENSEE NAME: HOUSE OF BUD'S, INC DOING BUSINESS A HOUSE OF BUD'S ADDRESS 959 BEARSE'S WAY CITY/TOWN: BARNSTABLE STATE: MA ZIP CODE: 02601 MANAGER: CHAMBERS, TYPE OF LICENSE:Restaurant CATEGORY: All Alcoh CANDACE EMAIL ADDRESS: PLEASE ALSO VISIT OUR WERSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE STORY WOODEN STRUCTURE WITH ONE ROOM. RESTROOMS, 16X20' DECK AND THREE EXITS. SEATING CAPACITY FOR 125 AT BAR & TABLES. INCLUDES 16 SEATS ON DECK. ENTRANCE AND EXIT TO BEARSES WAY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the commonwealth required by Chapter 304 of the certificate requir	LICENSED FOR 2013
DOING BUSINESS A HOUSE OF BUD'S ADDRESS 959 BEARSE'S WAY CITY/TOWN: BARNSTABLE STATE: MA ZIP CODE: 02601 MANAGER: CHAMBERS, TYPE OF LICENSE: Restaurant CATEGORY: All Alcoh CANDACE EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE STORY WOODEN STRUCTURE WITH ONE ROOM. RESTROOMS, 16X20' DECK AND THREE EXITS. SEATING CAPACITY FOR 125 AT BAR & TABLES. INCLUDES 16 SEATS ON DECK. ENTRANCE AND EXIT TO BEARSES WAY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: EMPLOYER IDENTIFICATION NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the commonwealth required by Chapter 304 of the certificate required by Chapter 304 of	YEAR
ADDRESS 959 BEARSE'S WAY CITY/TOWN: BARNSTABLE STATE: MA ZIP CODE: 02601 MANAGER: CHAMBERS, TYPE OF LICENSE: Restaurant CATEGORY: All Alcoh CANDACE EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE STORY WOODEN STRUCTURE WITH ONE ROOM. RESTROOMS, 16X20' DECK AND THREE EXITS. SEATING CAPACITY FOR 125 AT BAR & TABLES. INCLUDES 16 SEATS ON DECK. ENTRANCE AND EXIT TO BEARSES WAY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: EMPLOYER IDENTIFICATION NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the commonwealth required by Chapter 304 of the certificate required by Chap	
CITY/TOWN: BARNSTABLE STATE: MA ZIP CODE: 02601 MANAGER: CHAMBERS, TYPE OF LICENSE: Restaurant CATEGORY: All Alcoh CANDACE EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE STORY WOODEN STRUCTURE WITH ONE ROOM. RESTROOMS, 16X20' DECK AND THREE EXITS. SEATING CAPACITY FOR 125 AT BAR & TABLES. INCLUDES 16 SEATS ON DECK. ENTRANCE AND EXIT TO BEARSES WAY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: EMPLOYER IDENTIFICATION NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the common processing that the common processing the common processing that the common processing the common processing that the common processing that the common processing that the common processing that the common processing the common processing that the common processing the common processing that the common processing that the common processing the common processing that the common processing that the common processing the common processing that the common processing the common processing that the common processing the common processing the common processing that the common processing the common processing that the common processing the common processing the common processing the common processing that the common processing the common processing the common processing that the common processing the common proces	
MANAGER: CHAMBERS, TYPE OF LICENSE: Restaurant CATEGORY: All Alcoh CANDACE EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE STORY WOODEN STRUCTURE WITH ONE ROOM. RESTROOMS, 16X20' DECK AND THREE EXITS. SEATING CAPACITY FOR 125 AT BAR & TABLES. INCLUDES 16 SEATS ON DECK. ENTRANCE AND EXIT TO BEARSES WAY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the content of the cont	
EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS	ZIP CODE: 02601
DESCRIPTION OF LICENSED PREMISES: ONE STORY WOODEN STRUCTURE WITH ONE ROOM. RESTROOMS, 16X20' DECK AND THREE EXITS. SEATING CAPACITY FOR 125 AT BAR & TABLES. INCLUDES 16 SEATS ON DECK. ENTRANCE AND EXIT TO BEARSES WAY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the content of the content of the certificate required by Chapter 304 of the cert	estaurant CATEGORY: All Alcohol
DESCRIPTION OF LICENSED PREMISES: ONE STORY WOODEN STRUCTURE WITH ONE ROOM. RESTROOMS, 16X20' DECK AND THREE EXITS. SEATING CAPACITY FOR 125 AT BAR & TABLES. INCLUDES 16 SEATS ON DECK. ENTRANCE AND EXIT TO BEARSES WAY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the state of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)	
ONE STORY WOODEN STRUCTURE WITH ONE ROOM. RESTROOMS, 16X20' DECK AND THREE EXITS. SEATING CAPACITY FOR 125 AT BAR & TABLES. INCLUDES 16 SEATS ON DECK. ENTRANCE AND EXIT TO BEARSES WAY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: EMPLOYER IDENTIFICATION NUMBER: EMPLOYER IDENTIFICATION NUMBER: NOT Individual Social Security Numbers. We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the content of the content of the content of the certificate required by Chapter 304	EMAIL ADDRESS
THREE EXITS. SEATING CAPACITY FOR 125 AT BAR & TABLES. INCLUDES 16 SEATS ON DECK. ENTRANCE AND EXIT TO BEARSES WAY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number Number Note: NOT Individual Social Security Number Nu	
1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the certificate re	
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the certificate required by Chapter	
3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the	ne same premises now licensed;
SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the certificate r	_
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the	plain below)
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the	
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the	porate Officer
(Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the control of the control of the certificate required by Chapter 304 of the certificate requ	
(Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the control of the control of the certificate required by Chapter 304 of the certificate requ	
(Note: <u>NOT</u> Individual Social Security Number We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the	
	EMPLOYER IDENTIFICATION NUMBER:
named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below: LOCAL LICENSING AUTHORITY	(Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ad of the fire department for the above
APPROVED: By:	(Note: NOT Individual Social Security Number) The certificate required by Chapter 304 of the ad of the fire department for the above surance required by Chapter 116 of the Acts
DISAPPROVED:	(Note: NOT Individual Social Security Number) The certificate required by Chapter 304 of the ad of the fire department for the above surance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
(If disapproved explain)	(Note: NOT Individual Social Security Number) The certificate required by Chapter 304 of the ad of the fire department for the above surance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
	(Note: NOT Individual Social Security Number) The certificate required by Chapter 304 of the ad of the fire department for the above surance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
DATE:	(Note: NOT Individual Social Security Number) The certificate required by Chapter 304 of the ad of the fire department for the above surance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
We the undersigned, attest that we are in possession (1) t	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	007000009		CITY OR	TOWN BARN	STABLE
APPLICATION FOR	RENEWAL:	Annual		LICENSED FO	R 2013
		CLASS			YEAR
LICENSEE NAME:	SHENANIGANS	INC			
DOING BUSINESS A	A BOBBY BYRN	E'S HYANNIS PUB			
ADDRESS BEARSE	S WAY-RTE.28				
CITY/TOWN: BAR	NSTABLE	STATE: MA	ZIP C	ODE: 02601	
	NEWITZ, TY SAGE	YPE OF LICENSE:Re	staurant	CATEGO	RY: All Alcohol
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREM	ISES:			
CONCRETE, BRICK BUILDING FACING SEATING 117. BAR	BEARSES WAY	. THREE EXITS TO	ΓHE REAR		
I hereby certify and sw	vear under penaltie	es of perjury that:			
1. the renewe	d license will be o	of the same type for the	same prem	ises now licensed	;
	•	th all laws of the Com		relating to taxes; a	and
3. the premise	es are now open fo	or business (If not expl	ain below)		
SIGNED BY					
SIGNED B I	Individual, Partne	er or Authorized Corp	orate Office	r	
DATE:	TELEPHO!	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
			(Note	: NOT Individual So	cial Security Number)
Acts of 2004, signed	by the building in	re in possession (1) th nspector and the head of liquor liability insu	d of the fire	e department for	the above
Please Check Below:			LOCAL	LICENSING AU	THORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain					
(11 disappioved explai	11 <i>)</i>				
DATE:					



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LICENSE NUMB	EK:00/000014		CITY OR TOWN	DAKINSTADLE	
APPLICATION F	FOR RENEWAL:	Annual	LICEN	NSED FOR 2013	
		CLASS		YEAR	
LICENSEE NAM DOING BUSINE	E: WEST BARNSTA	BLE DEER CLUB II	NC		
ADDRESS 1800	OLD STAGE ROAD W	. BARN			
CITY/TOWN: B	ARNSTABLE	STATE: MA	ZIP CODE:	02668	
MANAGER: HO	ORTON, DEREK TY	PE OF LICENSE: Clu	b C	CATEGORY: All Alcohol	
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION C	OF LICENSED PREMI	SES:			
RESTROOMS,KI	TH 2 FLRS AND ARE ITCHEN,MAIN ROOM NCES/EXITS. 200 FI GE	I & STORAGE. 2ND	FLR: RESTROOM		
I hereby certify an	nd swear under penalties	s of perjury that:			
1. the ren	ewed license will be of	the same type for the	same premises nov	v licensed;	
2. the lice	ensee has complied with	all laws of the Comn	nonwealth relating	to taxes; and	
3. the pre	mises are now open for	business (If not expla	in below)		
SIGNED BY	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:					
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
			(100c. <u>1101</u> III	dividual Social Security (vulliber)	
Acts of 2004, sig	ned by the building in	spector and the head	of the fire depart	red by Chapter 304 of the tment for the above Chapter 116 of the Acts	
Please Check Below:			LOCAL LICEN	SING AUTHORITY	
APPROVED:			By:		
DISAPPROVED:					
(If disapproved ex	aplain)				
DATE:			-		
<i>ν</i> /111.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 007000015		CITY OR TOWN BARNS'I	ABLE			
APPLICATION FO	OR RENEWAL:	Annual	Annual LICENSED FOR 2013				
		CLASS		YEAR			
LICENSEE NAME	E: JOHN A. MAHON	NEY INC.					
DOING BUSINES	S A CRAIGVILLE P	IZZA AND MEXICA	N				
ADDRESS 618 CF	RAIGVILLE RD						
CITY/TOWN: BA	ARNSTABLE	STATE: MA	ZIP CODE: 02632				
MANAGER: MAA.	AHONEY, JOHN TYI	PE OF LICENSE: Res	ctaurant CATEGORY	Y: Wine and Malt Regular			
EMAIL ADDRESS	S:						
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	MAIL ADDRESS				
DESCRIPTION OF	F LICENSED PREMI	SES:					
	REENHOUSE DININ		AREA WITH KITCHEN AN ATING FOR 20. 2 HANDICAI				
I hereby certify and	d swear under penalties	of perjury that:					
		• •	same premises now licensed;				
	*		nonwealth relating to taxes; and	1			
3. the pren	mises are now open for	business (If not expla	in below)				
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer				
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:			
			(Note: NOT Individual Socia	l Security Number)			
Acts of 2004, sign	ned by the building in	spector and the head	e certificate required by Cha l of the fire department for th rance required by Chapter 1	ne above			
Please Check Below:	_		LOCAL LICENSING AUT	HORITY			
APPROVED:			By:				
DISAPPROVED: (If disapproved exp	 nlain)						
(11 disapproved exp	·/						
DATE:							



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LICENSE NUMBER	t: 007000017		CITY OR TOWN BARNSTA	ABLE
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME:	C & C FOODS, I	NC.		
DOING BUSINESS	A REGATTA OF	COTUIT		
ADDRESS 4631 FA	LMOUTH RD.			
CITY/TOWN: BAF	RNSTABLE	STATE: MA	ZIP CODE: 02635	
MANAGER: FIZE R.	LL, WELDON TY	PE OF LICENSE: Res	taurant CATEGORY:	All Alcohol
EMAIL ADDRESS:				
·	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS	_
DESCRIPTION OF	LICENSED PREM	ISES:		
1/2 STORY WITH E	BASEMENT. FIRST ASEMENT AND A	T FLOOR CONSISTIN	WITH NO MORE THAN 14 S IG OF R RESTAURANT, LOU E. Outside patio with 5 tables ar	NGE,
I hereby certify and s	wear under penaltie	es of perjury that:		
1. the renew	ed license will be o	f the same type for the	same premises now licensed;	
2. the licens	ee has complied wit	th all laws of the Comm	nonwealth relating to taxes; and	
3. the premi	ses are now open for	or business (If not expla	in below)	
SIGNED BY	Individual, Partne	er or Authorized Corpo	rate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT Individual Social S	Security Number)
Acts of 2004, signed	d by the building i	nspector and the head	certificate required by Chapt of the fire department for the rance required by Chapter 110	above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	ıın)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 007000023		CITY OR TOWN BARN	STABLE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE N	AME: SCOTTISH R	OCK, LLC		
DOING BUSI	NESS A QUARTERI	DECK LOUNGE		
ADDRESS 24	7 IYANNOUGH RD.			
CITY/TOWN	: BARNSTABLE	STATE: MA	ZIP CODE: 02601	
MANAGER:	THOMPSON, ERROL	TYPE OF LICENSE: Ger prei	neral on CATEGOI mise	RY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
EXITS AT TH	HE REAR OF THE BU	JILDING. A TWO ROOM	CE ON IYANNOUGH ROA IED INTERIO WITH A CO OSURE TO BOTH ROOMS	OMBINED
I hereby certif	y and swear under pen	alties of perjury that:		
1. the	renewed license will b	be of the same type for the	same premises now licensed	;
2. the	licensee has complied	with all laws of the Comn	nonwealth relating to taxes;	and
3. the	premises are now ope	n for business (If not expla	in below)	
SIGNED BY		artner or Authorized Corpo	rate Officer	
	individual, i e	and of funding the Corpo		
DATE:	TFI FP	HONE NUMBER:	EMPLOYER IDENTIF	ICATION NUMBER:
	TEELT	HONE NOMBER.	(Note: NOT Individual So	cial Security Number)
Acts of 2004,	signed by the building	ng inspector and the head	e certificate required by Cl l of the fire department for rance required by Chapter	the above
Please Check Bel	ow:		LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROV				
(If disapprove	a explain)			
DATE:				



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LICENSE NUMBER: 007000028	CITY OR TOWN BARNSTABLE
APPLICATION FOR RENEWAL: An	nual LICENSED FOR 2013
CL	ASS YEAR
LICENSEE NAME: DENNIS F.THOMAS POST#2 DOING BUSINESS A	2578 V.F.W.BLDG.ASSOC.IN
ADDRESS 455 IYANNOUGH RD.	
CITY/TOWN: BARNSTABLE STATE	: MA ZIP CODE: 02601
MANAGER: LAWSON, PETER J TYPE OF LICE	ENSE: General on CATEGORY: All Alcohol premise
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENT	TER YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES: WOOD FRAME BLDG WITH TWO ENTRANCES AND ONE EXIT ON THE WEST SIDE. SEATING LEVEL BAR AREA; 44 IN LOUNGE AND 24 IN F SEATING 11. OUTSIDE SERVING AREA IN REA I hereby certify and swear under penalties of perjury t 1. the renewed license will be of the same typ 2. the licensee has complied with all laws of 3. the premises are now open for business (If SIGNED BY	FOR 175 IN THE MAIN HALL, 82 IN LOWER LIGHT VIEW ROOM. TWO BARS EACH R,300 SQ FT. that: pe for the same premises now licensed; the Commonwealth relating to taxes; and
Individual, Partner or Authoriz	zed Corporate Officer
DATE: TELEPHONE NUMBER	R: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building inspector and	on (1) the certificate required by Chapter 304 of the the head of the fire department for the above illity insurance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOCAL LICENSING AUTHORITY By:
DATE:	



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LICENSE NUMBER: 00700002	9	CITY OR TOWN BARNSTAE	BLE
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 201	13
	CLASS	Y	YEAR
LICENSEE NAME: SL UNO I	HYANNIS, INC.		
DOING BUSINESS A Uno Chie	cago Grill		
ADDRESS 574 IYANNOUGH I	RD.		
CITY/TOWN: BARNSTABLE	STATE: MA	ZIP CODE: 02601	
MANAGER: SYLVESTER,JC UA	OSH TYPE OF LICENSE: Rest	taurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO V	ISIT OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED			
DINING ROOM AND FUNCTION KITCHEN, STORAGE AREA			
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license w	vill be of the same type for the s	same premises now licensed;	
2. the licensee has comp	lied with all laws of the Comm	onwealth relating to taxes; and	
3. the premises are now	open for business (If not expla-	in below)	
SIGNED BY			
Individual	I, Partner or Authorized Corpor	rate Officer	
DATE: TEL	LEPHONE NUMBER:	EMPLOYER IDENTIFICATION	
		(Note: NOT Individual Social Sec	curity Number)
Acts of 2004, signed by the bui	ilding inspector and the head	certificate required by Chapter of the fire department for the a cance required by Chapter 116	above
Please Check Below:		LOCAL LICENSING AUTHO	RITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
		-	
DATE:			



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LICENSE NUMBER:	007000031		CITY OR TOWN	BARNSTABLE
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	SAM DIEGO'S INC			
DOING BUSINESS A	SAM DIEGO'S			
ADDRESS 950 IYAN	NOUGH RD. RTE. 132			
CITY/TOWN: BARN	NSTABLE S'	ΓΑΤΕ: <mark>ΜΑ</mark>	ZIP CODE:	02601
MANAGER: KERSI ROBE		LICENSE: R	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMISES:			
AUTHORITY. PUBLISIDE OF THE PREMISES. ELEVEN ON THE NORTH AIL I hereby certify and sw 1. the renewed 2. the licensee	OO AND DATED APPRO IC AREA CONSISTS OF ISES, KITCHEN, REST I EXITS WITH TWO EN DE WITH ACCESS TO THE rear under penalties of penalties of penalties of the same than complied with all lands are now open for busin	F THREE RO ROOMS AND TRANCES, THE REAR P rjury that: me type for the ws of the Con	OMSPLUS THE PATO STORAGE AREAS ONE ON THE WEST ARKING LOT. The same premises now amonwealth relating to the same premise to t	FIO ON THE EAST S NORTH SIDE OF T SIDE AND ONE
SIGNED BY	Individual, Partner or Au	nthorized Corp	porate Officer	
DATE:	TELEPHONE NU	MBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signed	by the building inspecto	r and the he	ad of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:			•	
(If disapproved explain	1)			
			-	



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	ON PRE	MISES LICENSE	RENEWAL AP	<u>PLICAT</u>	<u> ION</u>	
LICENSE NUMBER:	007000037		CITY OR	TOWN	BARNSTA	BLE
APPLICATION FOR	RENEWAL:	Annua	l	LICEN	SED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME: DOING BUSINESS A						
ADDRESS 360 MAIN	N STEET					
CITY/TOWN: BAR	NSTABLE	STATE:	MA ZIP C	ODE:	02601	
MANAGER: BARR FELIS	REIRO, BBERTO G.	TYPE OF LICENS	E:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
Pl	LEASE ALSO VISIT O	OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS			_
DESCRIPTION OF L	ICENSED PRI	EMISES:				
WXIT ON MAIN ST. TABLES AND CHAR 2,300 SQ. FT. OPITIC FUNCTIONS.BASEM ON MAIN STREET A	RS SEATING 2 ON, REMOVA MENT STORA	250.1 BAR WITH S BLE DANCE FLOO GE AREA OF 6,000	EATING FOR 8 OR 12 X 15 FOR O SQ, FT.OUTSI	. KITCH PRIVA DE SER	EN AREA Ο ΓΕ VING AREA	F THE FOR 30
I hereby certify and sw	vear under pena	alties of perjury that:				
		e of the same type for	-			
		with all laws of the		relating t	o taxes; and	
3. the premise	es are now oper	n for business (If not	explain below)			
SIGNED BY	Individual, Pa	rtner or Authorized	Corporate Office	er		
DATE:	TELEPI	HONE NUMBER:				TON NUMBER: ecurity Number)
We the undersigned Acts of 2004, signed named license and (2 of 2010.	by the buildin	g inspector and the	head of the fire	e departi	ment for the	above
Please Check Below:			LOCAL	LICENS	SING AUTHO	ORITY
APPROVED:	_		By:			
DISAPPROVED:						
(If disapproved explain	n)					

DATE:		

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

Assachuse 1016	<u>y</u>	www.mass.go	ov/abcc			
ON PREMISES LICENSE RENEWAL APPLICATION						
LICENSE NUMBER: 0	07000042		CITY OR TO	WN BARNSTA	ABLE	
APPLICATION FOR R	RENEWAL:	Annual	LI	CENSED FOR 2	013	
		CLASS			YEAR	
LICENSEE NAME: (DDAAT CORP					
DOING BUSINESS A	THE ORIGINAL GO	OURMET BRU	NCH			
ADDRESS 517 MAIN	ST					
CITY/TOWN: BARN	STABLE	STATE: MA	ZIP COD	E: 02601		
MANAGER: COTEL JOHN I	· · · · · · · · · · · · · · · · · · ·	OF LICENSE:	Restaurant	CATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
PLF	EASE ALSO VISIT OUR WEBSI	TE AND ENTER YOU	EMAIL ADDRESS		_	
DESCRIPTION OF LIG	CENSED PREMISES	S:				
2 FLOORS. 1ST FLR; AREA. 2ND FLR; OFF EXISTING DESCRIPT AN OUTSEDE PATIO	TICE,STORAGE AND TION;INCREASE TH	D RESTROOM IE SEATING C	S. ENT/EXIT TO APACITY TO IN	MAIN ST.ADD NCLUDE 24 SEA	TO	
I hereby certify and swe	ear under penalties of	perjury that:				
1. the renewed	license will be of the	same type for t	he same premises	now licensed;		
	has complied with all			ing to taxes; and		
3. the premises	are now open for bu	siness (If not ex	plain below)			
SIGNED BY	Individual, Partner or	Authorized Con	porate Officer			
DATE:	TELEPHONE N	NUMBER:		OYER IDENTIFICATE OY Individual Social S		
We the undersigned, a Acts of 2004, signed be named license and (2) of 2010.	y the building inspe	ctor and the h	ad of the fire de	partment for the	above	
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY	
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain))					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

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ON PR	REMISES LICENSE REN	EWAL APPLICATION	
LICENSE NUMBER: 007000047		CITY OR TOWN BARNSTAE	BLE
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR 201	13
	CLASS	Y	/EAR
LICENSEE NAME: International DOING BUSINESS A Internation	•		
ADDRESS 662 MAIN ST			
CITY/TOWN: BARNSTABLE	STATE: MA	ZIP CODE: 02601	
MANAGER: Ahuja, Ravi	TYPE OF LICENSE: In	nholder CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTION OF LICENSED P	REMISES:		
	AND LOUNGE. 3 WOODI	OR. BASE- MENT FOR STORAG EN BLDGS TO REAR WITH 42 R TIO 48 SEATS.	
	l be of the same type for the ed with all laws of the Com	e same premises now licensed; monwealth relating to taxes; and lain below)	
SIGNED BY Individual,	Partner or Authorized Corp	orate Officer	
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION	ON NUMBER:
		(Note: NOT Individual Social Sec	curity Number)
Acts of 2004, signed by the build	ling inspector and the hea	ne certificate required by Chapter d of the fire department for the a urance required by Chapter 116 o	bove
Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICENSING AUTHO By:	RITY
(If disapproved explain)			
• '			



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ON PREMISES LICENSE RENEWAL APPLICATION

A ACTIVITY AND ADDRESS OF A STREET		CUTY OF TOWN	D A DAIGTE A	DIE
LICENSE NUMBER: 007000050		CITY OR TOWN	BARNSTA	ABLE
APPLICATION FOR RENEWAL:	Annual	LICEN	ISED FOR 20	
	CLASS			YEAR
LICENSEE NAME: NEW ENGL	AND CLAMBAKE, INC.			
DOING BUSINESS A WIMPY'S				
ADDRESS 752 MAIN ST				
CITY/TOWN: BARNSTABLE	STATE: MA	ZIP CODE:	02655	
MANAGER: SISCOE, DANIELL	ETYPE OF LICENSE:R	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICENSED PR	REMISES:			
ONE FLOOR WITH SEVEN ROO	MS,ATTIC FOR STORA	.GE		
I hereby certify and swear under per	nalties of perjury that:			
1. the renewed license will	be of the same type for th	e same premises now	v licensed;	
2. the licensee has complied	d with all laws of the Com	ımonwealth relating	to taxes; and	
3. the premises are now ope	en for business (If not exp	lain below)		
SIGNED BY				
Individual, P	artner or Authorized Corp	orate Officer		
D A TIE				
DATE: TELEF	PHONE NUMBER:			TION NUMBER:
		(Note: NOT In	dividual Social S	Security Number)
We the undersigned, attest that we Acts of 2004, signed by the buildinamed license and (2) the certific of 2010.	ng inspector and the hea	nd of the fire depart	ment for the	above
Please Check Below:		LOCAL LICENS	SING AUTH	ORITY
APPROVED:		By:	21,0110111	
DISAPPROVED:		•		
(If disapproved explain)				
DATE:				



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LICENSE NUMBER: 007000052		CITY OR TOWN	BARNSTABLE
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: DOLPHIN REST. I	NC. THE		
DOING BUSINESS A DOLPHIN RESTA	AURANT ONE		
ADDRESS 3250 MAIN ST			
CITY/TOWN: BARNSTABLE	STATE: MA	ZIP CODE:	02630
MANAGER: SMITH, NANCY TYP	E OF LICENSE: Resi	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS			
REAR ENTRANCE FROM PARKING LOON SECOND FLOOR AND PARTIAL CO			Γ FLR. SIX ROOMS
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of the	he same type for the	same premises now	licensed;
2. the licensee has complied with	all laws of the Comm	onwealth relating to	taxes; and
3. the premises are now open for b	ousiness (If not expla	in below)	
SIGNED BY			
Individual, Partner	or Authorized Corpor	rate Officer	
DATE			
DATE: TELEPHONE	E NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
		(10te. <u>1101</u> mu	ividual Social Security (vuliber)
We the undersigned, attest that we are a Acts of 2004, signed by the building inspanmed license and (2) the certificate of of 2010.	pector and the head	of the fire departr	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
		-	
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	007000053		CITY OR TOWN	BARNSTAI	BLE
APPLICATION FOR	RENEWAL:	Annual CLASS	LICEN	SED FOR 20	13 YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 620 MAIN	DRAGONLITE RE	ESTAURANT			
CITY/TOWN: BARN	NSTABLE	STATE: MA	ZIP CODE:	02601	
MANAGER: LIU, M	ONTE M. TYPE	E OF LICENSE: Re	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:	EASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LI ONE FLOOR, KITCHI ENTRANCE/EXIT OF	EN,DINING ROOM	,COCKTAIL LOU	JNGE, CELLAR FO	R STORAGE.	
2. the licensee	l license will be of th	e same type for th ll laws of the Com	e same premises now amonwealth relating t lain below)		
SIGNED BY	Individual, Partner of	r Authorized Corp	oorate Officer		
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATI	
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building insp	ector and the hea	d of the fire depart	ment for the a	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)		LOCAL LICENS By:	SING AUTHO	PRITY
DATE:					



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LICENSE NU	MBEK: 00/000058		C	II Y OK TOWN	DAKINSTA	DLE
APPLICATIO	N FOR RENEWAL:	Annu	ıal	LICEN	ISED FOR 20	013
		CLA	SS			YEAR
LICENSEE N DOING BUSI	AME: OSTERVILL NESS A	E VETS ASSOC. I	NC			
ADDRESS 75	33 MAIN ST.					
CITY/TOWN	: BARNSTABLE	STATE:	MA	ZIP CODE:	02655	
MANAGER:	ANDRES, CORNELIUS	TYPE OF LICEN	SE:Club	C	ATEGORY:	All Alcohol
EMAIL ADD	RESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER	R YOUR EMAII	L ADDRESS		_
DESCRIPTIO	N OF LICENSED PR	REMISES:				
	OOR;MENS AND LA EA ON FIRST FLOC					
I hereby certif	y and swear under per	nalties of perjury tha	ıt:			
1. the	renewed license will	be of the same type	for the sai	me premises nov	v licensed;	
2. the	licensee has complied	d with all laws of the	e Commoi	nwealth relating	to taxes; and	
	premises are now ope			•		
SIGNED BY	Individual, P	artner or Authorized	d Corporat	e Officer		
DATE:	TELEE	PHONE NUMBER:		EMPLOYE	R IDENTIFICAT	TON NUMBER:
	ILLLI	TIONE IVENIBLIA.		(Note: NOT In	dividual Social S	ecurity Number)
Acts of 2004,	rsigned, attest that w signed by the buildi e and (2) the certific	ng inspector and t	he head of	f the fire depart	ment for the	above
Please Check Bel				LOCAL LICEN	SING AUTHO	ORITY
APPROVED:				Ву:		
DISAPPROV						
(If disapprove	d explain)					
DATE:						
	D DELVEWY - 3	D DV/ V (CO) 100	O MY			
APPLICATION FOR	R RENEWAL MUST BE FILE	D BY LICENSEES DURIN	G THE MON	I'H OF NOVEMBER (1	и.G.L. Ch. 138 \$ 16	5A)



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LICENSE NUN	MBER: 007000061		CITY OR TOWN	BARNSTABLE
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: CUMMAQUID G	OLF CLUB OF YAR	MOUTH & BARN	STABLE
DOING BUSIN	JESS A			
ADDRESS 35	MARSTONS LANE			
CITY/TOWN:	BARNSTABLE	STATE: MA	ZIP CODE:	02637
MANAGER:	RENAUD, NEAL J TY	PE OF LICENSE: Clu	b C	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EN	IAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREMI	SES:		
ONE FLOOR; ROOM IN BAS	LADIES AND MEN'S RO SEMENT	OOM,KITCHEN,BAF	PRO SHOP AND	LOUNGE. LOCKER
I hereby certify	and swear under penalties	s of perjury that:		
1. the r	renewed license will be of	the same type for the	same premises now	licensed;
2. the l	icensee has complied with	n all laws of the Comm	nonwealth relating t	o taxes; and
3. the p	premises are now open for	business (If not expla	in below)	
SIGNED BY		A 41 : 10	· Osc	
		r or Alithorized Corne	rate Officer	
	Individual, Partner	of Authorized Corpo		
	Individual, Partnei	of Audiorized Corpc		
DATE				D IDENTIFICATION NUMBER.
DATE:		IE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
	TELEPHON	IE NUMBER:	EMPLOYEI (Note: <u>NOT</u> Inc	dividual Social Security Number)
We the unders	TELEPHON signed, attest that we are	TE NUMBER:	EMPLOYEI (Note: <u>NOT</u> Inc	dividual Social Security Number) ed by Chapter 304 of the
We the unders	TELEPHON signed, attest that we are signed by the building in	TE NUMBER: e in possession (1) the spector and the head	EMPLOYEI (Note: <u>NOT</u> Inc.) e certificate required of the fire depart	ed by Chapter 304 of the ment for the above
We the unders	TELEPHON signed, attest that we are signed by the building in	TE NUMBER: e in possession (1) the spector and the head	EMPLOYEI (Note: <u>NOT</u> Inc.) e certificate required of the fire depart	dividual Social Security Number) ed by Chapter 304 of the
We the unders Acts of 2004, s named license	TELEPHON signed, attest that we are signed by the building in and (2) the certificate of	TE NUMBER: e in possession (1) the spector and the head	EMPLOYED (Note: <u>NOT</u> Inc.) e certificate required of the fire depart rance required by	ed by Chapter 304 of the ment for the above
We the unders Acts of 2004, s named license of 2010. Please Check Belox APPROVED:	TELEPHON signed, attest that we are signed by the building in and (2) the certificate of	TE NUMBER: e in possession (1) the spector and the head	EMPLOYED (Note: <u>NOT</u> Inc.) e certificate required of the fire depart rance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the underst Acts of 2004, so named license of 2010. Please Check Below APPROVED: DISAPPROVE	TELEPHON signed, attest that we are signed by the building in and (2) the certificate of w:	TE NUMBER: e in possession (1) the spector and the head	EMPLOYEI (Note: NOT Inc.) e certificate required of the fire departed by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the unders Acts of 2004, s named license of 2010. Please Check Belox APPROVED:	TELEPHON signed, attest that we are signed by the building in and (2) the certificate of w:	TE NUMBER: e in possession (1) the spector and the head	EMPLOYEI (Note: NOT Inc.) e certificate required of the fire departed by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the underst Acts of 2004, so named license of 2010. Please Check Below APPROVED: DISAPPROVE	TELEPHON signed, attest that we are signed by the building in and (2) the certificate of w:	TE NUMBER: e in possession (1) the spector and the head	EMPLOYEI (Note: NOT Inc.) e certificate required of the fire departed by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the underst Acts of 2004, so named license of 2010. Please Check Below APPROVED: DISAPPROVE	TELEPHON signed, attest that we are signed by the building in and (2) the certificate of w:	TE NUMBER: e in possession (1) the spector and the head	EMPLOYEI (Note: NOT Inc.) e certificate required of the fire departed by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000071	CITY OR TOWN BARNSTABLE
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: HYANNIS YACHT CLUB DOING BUSINESS A	
ADDRESS 490 OFF OCEAN ST	
CITY/TOWN: BARNSTABLE STATE: MA	A ZIP CODE: 02601
MANAGER: RICHARDSON, TYPE OF LICENSE: WESLEY	Club CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOU DESCRIPTION OF LICENSED PREMISES: 2 FRONT AND 2 SIDE ENTRANCES/EXITS. 2 REAR ENTLOOR; GRILLROOM, LOUNGE, RESTROOMS AND BA	NT,2 FLOORS AND BASEMENT. FIRST
FLOOR; OFFICE, APARTMENT, CLUBROOM AND STOIL	
I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same type for the licensee has complied with all laws of the Compact the premises are now open for business (If not expressed in the premises are now open for business).	mmonwealth relating to taxes; and
SIGNED BY Individual, Partner or Authorized Co.	rporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the honamed license and (2) the certificate of liquor liability in of 2010.	ead of the fire department for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOCAL LICENSING AUTHORITY By:
DATE:	



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LICENSE NUMI	BER: 007000073		CITY OR TOWN	BARNSTAB	LE
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 201	3
		CLASS		Y	EAR
LICENSEE NAM	ME: KINGS GRANT RA	CQUET CLUB IN	C		
DOING BUSINE	ESS A				
ADDRESS OLD	KINGS RD-MAIN ST				
CITY/TOWN: I	BARNSTABLE	STATE: MA	ZIP CODE:	02635	
MANAGER: M	MALOY, JOHN JR TYPE	OF LICENSE: Clu	ıb C	ATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR E	MAIL ADDRESS		
	OF LICENSED PREMISE				
	1,2 ROOMS INCLUDING DING. ENTRANCE/EXIT			ORAGE AREA	IN
I hereby certify a	nd swear under penalties o	f perjury that:			
	newed license will be of the	• •	•		
	ensee has complied with a		•	to taxes; and	
3. the pro	emises are now open for bu	usiness (If not expl	ain below)		
SIGNED BY	Individual, Partner of	r Authorized Corp	orate Officer		
	1101 (10001, 1 010101 0	. Humoniio Corp.			
DATE:	TELEPHONE	NUMBER:	EMPLOYE	R IDENTIFICATIO	N NUMBER:
			(Note: NOT In	dividual Social Sec	urity Number)
			(110te. <u>1101</u> III	ar riddar Social Sco	•
Acts of 2004, sig	gned, attest that we are ingned by the building inspond (2) the certificate of li	ector and the head	e certificate requir l of the fire depart	ed by Chapter ment for the al	304 of the
Acts of 2004, signamed license a	gned by the building insp nd (2) the certificate of li	ector and the head	e certificate requir l of the fire depart	ed by Chapter ment for the al Chapter 116 o	304 of the bove f the Acts
Acts of 2004, signamed license a of 2010. Please Check Below: APPROVED:	gned by the building inspond (2) the certificate of li	ector and the head	e certificate requir l of the fire depart rance required by	ed by Chapter ment for the al Chapter 116 o	304 of the bove f the Acts
Acts of 2004, signamed license a of 2010. Please Check Below: APPROVED: DISAPPROVED	gned by the building inspond (2) the certificate of li	ector and the head	e certificate requir l of the fire depart rance required by LOCAL LICENS	ed by Chapter ment for the al Chapter 116 o	304 of the bove f the Acts
Acts of 2004, signamed license a of 2010. Please Check Below: APPROVED:	gned by the building inspond (2) the certificate of li	ector and the head	e certificate requir l of the fire depart rance required by LOCAL LICENS	ed by Chapter ment for the al Chapter 116 o	304 of the bove f the Acts
Acts of 2004, signamed license a of 2010. Please Check Below: APPROVED: DISAPPROVED	gned by the building inspond (2) the certificate of li	ector and the head	e certificate requir l of the fire depart rance required by LOCAL LICENS	ed by Chapter ment for the al Chapter 116 o	304 of the bove f the Acts
Acts of 2004, signamed license a of 2010. Please Check Below: APPROVED: DISAPPROVED	gned by the building inspond (2) the certificate of li	ector and the head	e certificate requir l of the fire depart rance required by LOCAL LICENS	ed by Chapter ment for the al Chapter 116 o	304 of the bove f the Acts



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LICENSE NUMBER:	007000075	(CITY OR TOW	N BARNSTA	ABLE
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	OYSTER HARBOR (CLUB INC			
DOING BUSINESS A	OYSTER HARBOR	S CLUB			
ADDRESS 170 GRAN	ND ISLAND DRIVE				
CITY/TOWN: BARN	ISTABLE	STATE: MA	ZIP CODE:	02655	
MANAGER: MAYO D.), DOUGLAS TYPE	OF LICENSE: Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBSI	ITE AND ENTER YOUR EMA	IL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISES	S:			
ONE ENTRANCE AN ON FIRST FLOOR, L BAR AND ADJACEN	OUNGE, LOBBY, D				
I hereby certify and sw	ear under penalties of	perjury that:			
	l license will be of the	* *	-		
	has complied with all			g to taxes; and	
3. the premise	s are now open for bu	siness (If not explain	n below)		
SIGNED BY	Individual, Partner or	Authorized Corpora	ate Officer		
DATE					
DATE:	TELEPHONE 1	NUMBER:		ER IDENTIFICATING INDIVIDUAL SOCIAL SECTION OF THE PROPERTY OF	
			(11010. <u>1101</u>	ilidividuai Sociai k	security (valider)
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building inspe	ector and the head	of the fire depar	rtment for the	above
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000080	(CITY OR TOWN E	BARNSTABLE
APPLICATION FOR RENEWAL:	Annual	LICENSE	D FOR 2013
	CLASS		YEAR
LICENSEE NAME: JULIA HOTEL L DOING BUSINESS A COURTYARD			
ADDRESS 707 IYANNOUGH RD			
CITY/TOWN: BARNSTABLE	STATE: MA	ZIP CODE:	02601
MANAGER: ANDERLOT, WENDY E.	YPE OF LICENSE: Innho	older CAT	EGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PREM	ISES:		
INN CONSISTING OF120 RENTAL U COMMERCIAL BUILDING OF ABOU ROOM,LOUNGE,AND RECEPTION A	UT 12,432 SQ FT CONC	TNG LOBBY,OFFI	CE,DINING
I hereby certify and swear under penaltic	es of perjury that:		
1. the renewed license will be o	of the same type for the sa	ame premises now lic	ensed;
2. the licensee has complied with	th all laws of the Commo	nwealth relating to ta	axes; and
3. the premises are now open for	or business (If not explain	n below)	
SIGNED BY Individual, Partne	er or Authorized Corpora	ate Officer	
DATE: TELEPHO	NE NUMBER:	EMPLOYER ID	DENTIFICATION NUMBER:
TELEI IIO	NE NOMBEK.		dual Social Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building is named license and (2) the certificate of 2010.	nspector and the head o	of the fire departme	nt for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSIN By:	G AUTHORITY
DATE:			



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LICENSE NUI	MBER: 007000084		CITY OR TOWN	BARNSTABLE
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	ED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: PACIFIC BAY INC			
DOING BUSI	NESS A TIKI PORT REST	ı		
ADDRESS 79	0 IYANNOUGH RD			
CITY/TOWN:	BARNSTABLE	STATE: MA	ZIP CODE:	02601
MANAGER:	Mah, Wai Fai TYPl	E OF LICENSE: Rest	caurant CA	TEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EM	AIL ADDRESS	
	N OF LICENSED PREMIS			
	T CONSISTING OF 4000S			TIDE OF DUIL DING
	IGE/BAR,LOBBY AND KI' RS WITH 1ST FLR AS LOU			
	GE AND OFFICE. PARTY I			
I hereby certify	and swear under penalties	of perjury that:		
1. the	renewed license will be of the	ne same type for the s	same premises now l	icensed;
2. the	licensee has complied with a	all laws of the Comm	onwealth relating to	taxes; and
3. the	premises are now open for b	ousiness (If not explain	in below)	
SIGNED BY	Individual Partner	or Authorized Corpor	rate Officer	
	marviduai, i armer	Authorized Corpor	ade Officer	
DATE:	TELEPHONE	NIIMRED.	EMPLOYER I	IDENTIFICATION NUMBER:
	TEEETHONE	NOMBER.		vidual Social Security Number)
	signed, attest that we are i signed by the building insp	_	_	-
	e and (2) the certificate of l			
of 2010.			•	•
Please Check Belo	OW:		LOCAL LICENSI	NG AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	l explain)		-	
			-	
DATE				
DATE:				



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LICENSE NUMBER	K: 007000085		CITYOR	IOWN	DAKINSTA	DLE
APPLICATION FO	R RENEWAL:	Annual		LICENS	SED FOR 20)13
		CLASS				YEAR
LICENSEE NAME:	ANNA KRANI	OTAKIS FAMILY PIZ	ZZA, INC.			
DOING BUSINESS	A PINOCCHIO	PIZZA				
ADDRESS 1661 RT	E. 28					
CITY/TOWN: BAI	RNSTABLE	STATE: MA	ZIP CC	DDE:	02632	
MANAGER: KRA	NIOTAKIS, 'ORGE	ΓΥΡΕ OF LICENSE: R	estaurant	CA	TEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS			_
DESCRIPTION OF	LICENSED PRE	MISES:				
ENTRANCE ON EA	AST SIDE AND I SERVED WITH	COOKING AREA,EAT REAR ENT/EXIT ON V I MEALS ONLY. 11 P SES ONLY	WEST SIDE/	RESTRI	CTIONS:W	INE
I hereby certify and	swear under penal	lties of perjury that:				
1. the renew	ed license will be	e of the same type for the	e same premis	ses now l	licensed;	
	•	with all laws of the Con		elating to	taxes; and	
3. the premi	ses are now open	for business (If not exp	lain below)			
SIGNED BY	Individual, Par	tner or Authorized Corp	oorate Officer			
DATE:	TELEPH	ONE NUMBER:				ION NUMBER:
			(Note:	NOT Indi	vidual Social S	ecurity Number)
Acts of 2004, signe	d by the building	are in possession (1) t g inspector and the hea e of liquor liability ins	ad of the fire	departn	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explains)	nin)		LOCAL I By:	LICENSI	ING AUTHO	ORITY
(11 disappioved expi	am)					
DATE:						



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LICENSE NUMBER	:00/000090		CI	IY OR TOWN	DAKINSTA	ADLE
APPLICATION FOR	RENEWAL:	Annua	l	LICE	NSED FOR 2	013
		CLAS	S			YEAR
LICENSEE NAME:	TFG HYAN	NIS HOSPITALITY	LLC			
DOING BUSINESS	A RESORT A	AND CONFERENCE	CENTER	AT HYANNI	S	
ADDRESS 35 SCUD	DER AVE					
CITY/TOWN: BAR	NSTABLE	STATE:	MA	ZIP CODE:	02601	
MANAGER: MOU LEAN		TYPE OF LICENS	E: Innholo	ler (CATEGORY:	All Alcohol
EMAIL ADDRESS:						
1	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER Y	OUR EMAIL	ADDRESS		_
DESCRIPTION OF I	LICENSED PI	REMISES:				
WOODEN BLDG,BI FIRST FLOOR,2ND AND FUNCTION RO COURSE	FLR STORAG	GE,POOL,OUTDOO	R POOL,	CONVENTIO	N HALL,MEE	TING
I hereby certify and s	wear under pe	nalties of perjury that:				
1. the renewe	ed license will	be of the same type for	or the san	ne premises nov	w licensed;	
2. the license	e has complie	d with all laws of the	Common	wealth relating	to taxes; and	
3. the premis	ses are now op	en for business (If not	explain b	pelow)		
SIGNED BY	Individual, F	artner or Authorized	Corporate	e Officer		
DATE:	TELEI	PHONE NUMBER:				TION NUMBER:
				(Note: NOT II	idividual Social S	Security Number)
Acts of 2004, signed	by the build	ve are in possession (ing inspector and the ate of liquor liability	head of	the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)			OCAL LICEN By:	SING AUTH	ORITY
Tr Joseph	,		=			
			=			
DATE:						



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LICENSE NUMBER	:00/000092		C	птс	JK TO	W IN	DAKINSTA	DLE
APPLICATION FOR	RENEWAL:	Annı	ıal		LIC	CENS	SED FOR 20)13
		CLA	SS					YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 107 SEA	A	JGE)						
CITY/TOWN: BAR			MA	710	CODE	, .	02655	
		STATE:		ZIP	CODE		02655	A11 A11-1
MANAGER: davie	s, peter c 1 1 1	PE OF LICEN	ISE: Club			CF	ATEGORY:	All Alcohol
EMAIL ADDRESS:								
DESCRIPTION OF I	PLEASE ALSO VISIT OUR W		R YOUR EMAII	L ADDRI	ESS			
WOODEN STRUCT 16 ROOMS ON THI STORAGE. ENT/EX GREEN NORTH, EA	RD FLOOR. OCEA KIT ON SEAVIEW	AN FRONTDE AVESERV	ECK, TERI VICE TO F	RACE	E AND	BAS	SEMENT FO)R
2. the license	wear under penalties ed license will be of se has complied with ses are now open for	the same type all laws of th	for the sar e Commor	ıwealt	h relati			
SIGNED BY	Individual, Partner	or Authorized	d Corporat	te Offi	icer			
				Γ				
DATE:	TELEPHON	E NUMBER:		(N				TON NUMBER: ecurity Number)
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building ins	spector and t	he head of	f the f	ïre dep	artr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)			LOC <i>i</i> By:	AL LIC	ENS	ING AUTH	ORITY
DATE:								



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LICENSE NUMBER: 00'	7000094	CITY OR TOWN BARNSTA	ABLE
APPLICATION FOR RE	ENEWAL: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: DA	AVID COLOMBO		
DOING BUSINESS A R	OADHOUSE CAFE		
ADDRESS 488 SOUTH	ST.		
CITY/TOWN: BARNS	ΓABLE STATE: MA	ZIP CODE: 02601	
MANAGER:	TYPE OF LICENSE:	Restaurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEAS	SE ALSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICE			
KITCHEN, TWO DININ WITH 12 STOOLS	IG ROOMS, LOUNGE, RESTROC	OMS, SERVICE BAR,,,,AND SIT	Y-DOWN
I hereby certify and swear	r under penalties of perjury that:		
1. the renewed li	cense will be of the same type for the	he same premises now licensed;	
2. the licensee ha	as complied with all laws of the Cor	nmonwealth relating to taxes; and	
3. the premises a	re now open for business (If not ex	plain below)	
SIGNED BY	I' i' al Daggara A daggi al Car	OCC	
Inc	dividual, Partner or Authorized Cor	porate Officer	
DATE:			
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social S	
		(1700) 1702 Marvidan Boeiar I	Security (Validet)
	test that we are in possession (1)		
, ,	the building inspector and the he he certificate of liquor liability in	-	
of 2010.	•		
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:		-	
APPLICATION FOR RENEWAL M	MUST BE FILED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	16A)



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LICENSE NUMBER: 007000096		CITY OR TOWN	BARNSTABLE	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: HYANNISPORT C	LUB,INC			
DOING BUSINESS A HYANNISPORT (CLUB, INC			
ADDRESS 2 IRVING AVE.				
CITY/TOWN: BARNSTABLE	STATE: MA	ZIP CODE:	02647	
MANAGER: SMITH, SCOTT A TYPI	E OF LICENSE: Club	C.	ATEGORY: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EM.	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMIS	ES:			
136 ACRES AT 2 IRVING AVE TWO ST OUTDOOR PATIO, FIRST FLOOR MAI AREA , SERVICE BAR, DANCE FLOOR	N DINING ROOM, I	LUNCH ROOM, C	OUTDOOR DECK	
SEATING FOR APPROX 288 PEOPLE.				
I hereby certify and swear under penalties			11	
1. the renewed license will be of the	• 1	•		
2. the licensee has complied with a3. the premises are now open for b		•	o taxes; and	
5. the premises are now open for t	ousiness (II not explai	in below)		
SIGNED BY				
	or Authorized Corpor	rate Officer		
DATE: TELEPHONE	E NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:	
		(Note: NOT Inc	dividual Social Security Number)	
We the undersigned, attest that we are in Acts of 2004, signed by the building inspirate and (2) the certificate of 1 of 2010.	pector and the head	of the fire depart	ment for the above	
Please Check Below:		LOCAL LICENS	SING AUTHORITY	
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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`	CITT OR TOWN	BARNSTAE	OLE
Annual	LICEN	SED FOR 201	13
CLASS		Y	YEAR
STATE: MA	ZIP CODE:	02655	
OF LICENSE: Club	C	ATEGORY:	All Alcohol
TE AND ENTER YOUR EMA	AIL ADDRESS		
S:			
			0
perjury that:			
same type for the s	ame premises now	licensed;	
laws of the Commo	onwealth relating t	o taxes; and	
siness (If not explain	n below)		
Authorized Corpor	ate Officer		
Authorized Corpora	ate Officer		
Authorized Corpora	ate Officer		
		R IDENTIFICATION	ON NUMBER:
Authorized Corpora	EMPLOYER	R IDENTIFICATIO	
	EMPLOYEF (Note: <u>NOT</u> Inc certificate require of the fire departs	lividual Social Sec ed by Chapter ment for the a	r 304 of the
NUMBER: possession (1) the ctor and the head	EMPLOYEF (Note: <u>NOT</u> Inc certificate require of the fire departs	lividual Social Sec ed by Chapter ment for the a Chapter 116 o	r 304 of the above of the Acts
NUMBER: possession (1) the ctor and the head	EMPLOYER (Note: <u>NOT</u> Inc. certificate require of the fire departs ance required by	lividual Social Sec ed by Chapter ment for the a Chapter 116 o	r 304 of the above of the Acts
NUMBER: possession (1) the ctor and the head	EMPLOYER (Note: NOT Inc.) certificate require of the fire departs ance required by LOCAL LICENS	lividual Social Sec ed by Chapter ment for the a Chapter 116 o	r 304 of the above of the Acts
NUMBER: possession (1) the ctor and the head	EMPLOYER (Note: NOT Inc.) certificate require of the fire departs ance required by LOCAL LICENS	lividual Social Sec ed by Chapter ment for the a Chapter 116 o	r 304 of the above of the Acts
NUMBER: possession (1) the ctor and the head	EMPLOYER (Note: NOT Inc.) certificate require of the fire departs ance required by LOCAL LICENS	lividual Social Sec ed by Chapter ment for the a Chapter 116 o	r 304 of the above of the Acts
	CLASS STATE: MA OF LICENSE: Club TE AND ENTER YOUR EMA S: RONT ENTRANCE SHOP AND TERF perjury that: same type for the s laws of the Commo	CLASS STATE: MA ZIP CODE: OF LICENSE: Club CA TE AND ENTER YOUR EMAIL ADDRESS S: RONT ENTRANCE/EXIT TO PARKED SHOP AND TERRACE ON GROUP perjury that: same type for the same premises now	STATE: MA ZIP CODE: 02655 OF LICENSE: Club CATEGORY: TE AND ENTER YOUR EMAIL ADDRESS S: RONT ENTRANCE/EXIT TO PARKER RD. TWO SHOP AND TERRACE ON GROUND FLOOR. perjury that: same type for the same premises now licensed; laws of the Commonwealth relating to taxes; and



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LICENSE NUMBER	R: 007000101		CITY OR TOWN	BARNSTA	BLE
APPLICATION FO	R RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	373 W. MAIN ST	REET INC.			
DOING BUSINESS	A JACK'S LOUNG	E			
ADDRESS 373 WE	ST MAIN ST				
CITY/TOWN: BAI	RNSTABLE	STATE: MA	ZIP CODE:	02601	
MANAGER: HOR M.	TON, GRACE TY	PE OF LICENSE: Res	staurant CA	TEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMI	SES:			
		GE,KITCHEN,RESTI TS. ONE IN FRONT		LLAR FOR	
I hereby certify and	swear under penalties	s of perjury that:			
1. the renew	ved license will be of	the same type for the	same premises now	licensed;	
2. the licens	ee has complied with	n all laws of the Comn	nonwealth relating to	taxes; and	
3. the premi	ses are now open for	business (If not expla	nin below)		
SIGNED BY					
	Individual, Partner	r or Authorized Corpo	rate Officer		
DATE:	TELEPHON	IE NUMBER:			ION NUMBER:
			(Note: NOT Indi	vidual Social S	ecurity Number)
Acts of 2004, signe	d by the building in	e in possession (1) the espector and the head f liquor liability insu	l of the fire departn	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	aın)				
DATE:					



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LICENSE NUN	MBER: 007000102		CITY OR TOWN	BARNSTA	BLE
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	ME: MITROKOS	ΓAS CO., INC			
DOING BUSIN	NESS A NEW ENGI	LAND PIZZA HOUSE # 1			
ADDRESS 187	WEST MAIN ST.				
CITY/TOWN:	BARNSTABLE	STATE: MA	ZIP CODE:	02601	
	KANTZELIS, NICOLAOS A.	TYPE OF LICENSE: Re	staurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:]
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
	N OF LICENSED PR				
		R USED FOR KITCHEN ENTRANCES/EXITS TO		OR 96 PERSO	ONS.
I hereby certify	and swear under per	nalties of perjury that:			
1. the 1	renewed license will	be of the same type for the	same premises now	licensed;	
2. the l	icensee has complied	d with all laws of the Com	nonwealth relating to	o taxes; and	
3. the 1	premises are now ope	en for business (If not expl	ain below)		
SIGNED BY					
	Individual, Pa	artner or Authorized Corpo	orate Officer		
DATE:	TELEP	PHONE NUMBER:			TION NUMBER:
			(Note: NOT Ind	ividual Social S	Security Number)
Acts of 2004, s	signed by the buildi	ve are in possession (1) the ng inspector and the head ate of liquor liability insu	d of the fire departi	ment for the	above
Please Check Belo	<u>w:</u>		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	ехріаііі)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	07000115		CITY OR TOWN	DAKINSTABLE
APPLICATION FOR R	ENEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
LICENSEE NAME: A	. J. Lukes of I	Hyannis, Inc		
DOING BUSINESS A	Luke's Super 1	Liquors		
ADDRESS 395 Barnsta	ble Rd			
CITY/TOWN: BARN	STABLE	STATE: MA	ZIP CODE:	02601
MANAGER: WALKI	ER, TIM	TYPE OF LICENSE:Pa	ckage Store CAT	EGORY: All Alcohol
EMAIL ADDRESS:				
PLE	ASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTION OF LIC	CENSED PRE	MISES:		
	_	and one receiving door	in the rear. 7096 sq ft p	lus a full basement
I hereby certify and swe	ar under penal	lties of perjury that:		
1. the renewed	license will be	e of the same type for the	e same premises now lic	censed;
2. the licensee	has complied v	with all laws of the Com	monwealth relating to t	axes; and
3. the premises	are now open	for business (If not exp	lain below)	
SIGNED BY				
I	ndividual, Par	tner or Authorized Corp	orate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER ID	DENTIFICATION NUMBER:
			(Note: NOT Indivi	dual Social Security Number)
Diagon Charle Dalarra				
Please Check Below: APPROVED:			LOCAL LICENSIN By:	IG AUTHORITY
DISAPPROVED:			Бу.	
(If disapproved explain))			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 007000116		CITY OR TOWN	BARNSTA	BLE
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	E: HYANNIS BLANC	HARD'S,INC.			
DOING BUSINES	S A BLANCHARD LI	QUORS			
ADDRESS 167 CC	ORPORATION STREE	T			
CITY/TOWN: BA	ARNSTABLE	STATE: MA	ZIP CODE:	02601	
MANAGER: CO J. J.	REY., DONALD TYP. R.	E OF LICENSE:Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF	F LICENSED PREMIS	ES:			
	SONRY AND WOOD I ER AND COOLER. EN				
I hereby certify and	l swear under penalties	of perjury that:			
1. the rene	wed license will be of the	he same type for the	same premises now	licensed;	
2. the licer	nsee has complied with	all laws of the Comn	nonwealth relating to	taxes; and	
3. the pren	nises are now open for b	ousiness (If not expla	in below)		
SIGNED BY			0.00		
	Individual, Partner	or Authorized Corpo	rate Officer		
DATE					
DATE:	TELEPHONE	E NUMBER:			ION NUMBER:
			(Note: NOT Ind	ividuai Sociai S	ecurity Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:]		By:		
DISAPPROVED:					
(If disapproved exp	olain)				
					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000117		CITY OR TOWN BARNSTABLE			
APPLICATION FOR RENEWAL:		Annual LICENSED FOR 2013			
		CLASS			YEAR
LICENSEE NAME: CAP DOING BUSINESS A ADDRESS 1495 FALMO		, INC.			
CITY/TOWN: BARNSTA		ATE: MA	ZIP CODE:	02632	
MANAGER:		LICENSE: Pac			All Alcohol
EMAIL ADDRESS:					
	ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LICEN	NSED PREMISES:				
TWO STORY WOOD ST AND WEST SIDESERV RETAIL ALCOHOL, REL OFFICE AND STORAGE AREA CONSIST OF 364 (AND WEST SIDE	VICE ENTRANCE(3) ATED MERCHANDI BASEMENT STOR	ON SOUTH S ISE AND STO LAGE AND U	SIDEFIRST FLO DRAGESECOND TILITIESBOTT	OR 4900 SQ FLOOR 128 LE REDEMI	FT 80 SQ FT PTION
I hereby certify and swear	under penalties of peri	urv that:			
 the renewed lice the licensee has 	ense will be of the sam complied with all law	e type for the s of the Comm	nonwealth relating to		
		· 1			
SIGNED BY Indi	vidual, Partner or Autl	norized Corpo	rate Officer		
DATE: TELEPHONE NUMBER:		IBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	007000118		CITY OR TOWN	BARNSTABLE	
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 2013	
		CLASS		YEAI	2
LICENSEE NAME:	OCEAN SHORES CO	ORPORATION			
DOING BUSINESS A	COTUIT LIQUORS				
ADDRESS 3858 FAL	MOUTH RD				
CITY/TOWN: BARN	NSTABLE	STATE: MA	ZIP CODE:	02648	
MANAGER: O'BRID J.	EN, DANIEL TYPE	OF LICENSE:Pa	ckage Store CA	ATEGORY: All A	Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L	CENSED PREMISES	S:			
store with 7850 sq ft loand exit to plaza on ro		za. One floor wit	n office, storage and	sales area. Entranc	e
	has complied with all sare now open for bu	siness (If not expl	ain below)		
DATE:	TELEPHONE I	NUMBER:		IDENTIFICATION Notice in the control of the control	
Please Check Below: APPROVED:				ING AUTHORITY	Y
DISAPPROVED:	7		By:		
(If disapproved explain	1)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:007000119		CITY OR TOWN	BARNSTA	BLE
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
DOING BUSINESS	A	ISCOUNT LIQUORS,	INC.		
ADDRESS 1166 IYA			ZID CODE	02.01	
CITY/TOWN: BAR		STATE: MA		02601	
MANAGER: Norto	on, Maureen	TYPE OF LICENSE:	Package Store C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
		OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		
DESCRIPTION OF I					
3 story single story bl entrances, three exits		for retail and redemption	on. One rear room for	storage. Two	
	ses are now ope	with all laws of the Conn for business (If not ex	plain below)	o taxes; and	
DATE:	TELEP	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	007000120		CITY OR TOWN	BARNSTA	BLE
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	GRAIN & VINE SF	PIRIT SHOPPE INC	2.		
DOING BUSINESS A	GRAIN & VINE S	SPIRIT SHOPPE			
ADDRESS 101 IYAN	OUGH ROAD				
CITY/TOWN: BARN	ISTABLE	STATE: MA	ZIP CODE:	02601	
MANAGER: O'CAN ALAN		E OF LICENSE:Pa	ckage Store C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		-
DESCRIPTION OF L	CENSED PREMIS	ES:			
WOOD FRAME 2 ST DOOR ON EAST SID CELLAR APPROX. 1 OFFICE.	E. 1ST FL. APPRO	X. 1700 S/F RETA	IL. BEER COOLE	R APPROX. 1	000 S/F;
I hereby certify and sw	ear under penalties	of perjury that:			
1. the renewed	d license will be of the	he same type for the	e same premises nov	v licensed;	
2. the licensee	has complied with	all laws of the Com	monwealth relating	to taxes; and	
3. the premise	es are now open for b	ousiness (If not expl	ain below)		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICAT dividual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)		LOCAL LICEN By:	SING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	K:00/000121		CITY OR TOWN BAR	NSTABLE
APPLICATION FO	R RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NAME:	SWISS VINEY	ARDS, INC.		
DOING BUSINESS	A FANCY'S FA	RM MARKET		
ADDRESS 699 MA	IN STREET			
CITY/TOWN: BAI	RNSTABLE	STATE: MA	ZIP CODE: 0265	55
MANAGER: SMI	TH, BRIAN F.	ГҮРЕ OF LICENSE:Ра	ackage Store CATEGO	ORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OU	JR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PRE	MISES:		
TWO FRONT ENTA ON FIRST FLOOR	EXITS AND ON	E REAR ENT/EXIT. V	WOODEN BUILDING WIT	'H 3 ROOMS
2. the licens	ee has complied v	• •	e same premises now license amonwealth relating to taxes dain below)	
SIGNED BY	Individual, Par	tner or Authorized Corp	oorate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENT (Note: <u>NOT</u> Individual S	IFICATION NUMBER: Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENSING A By:	UTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	07000122		CITY OR TOW	N DAKINSTA	ADLE
APPLICATION FOR R	ENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: C DOING BUSINESS A		CERY CO INC			
ADDRESS 737 MAIN					
CITY/TOWN: BARN	STABLE	STATE: MA	ZIP CODE:	02635	
MANAGER: GOULI), STEVEN	TYPE OF LICENSE:Pa	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LIC	CENSED PRE				
WOOD FRAME THRE STORE OF 790 SQ FT WITH THE GROCERY	WITH TWO	EXTERIOR EXITS AD			
2. the licensee	has complied v	e of the same type for the with all laws of the Comfor business (If not exp	nmonwealth relating		
	ndividual, Par	tner or Authorized Corp	oorate Officer		
DATE:	TELEPH	ONE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain))		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 00/000124		CITY OR TOW	N DAKINSTA	ADLE
APPLICATION FOR	R RENEWAL	: Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	BLACK MA	ARLIN BEVERAGE COR	RP.		
DOING BUSINESS	A CRAIGVI	LLE PACKAGE STORE			
ADDRESS 2946 RO	UTE 28 UNI	Γ1			
CITY/TOWN: BAF	RNSTABLE	STATE: MA	ZIP CODE:	02648	
MANAGER: MAR JEFF	SHALL, REY L.	TYPE OF LICENSE: P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
ļ	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED P	REMISES:			
ACCESSIBLE BASI AREA AND OFFICI	EMENT CON E AREA. ONI	ONE 1500 SQ FT STREE TAINING 425 SQ FT WI E FRONT ENTRANCE A FROM THE BASEMEN	INE BROWSING A AND EXIT TO ROU	REA. STORA	GE
2. the license	ee has complie	l be of the same type for the ed with all laws of the Cor pen for business (If not ex	nmonwealth relating		
SIGNED BY	Individual, l	Partner or Authorized Cor	porate Officer		
DATE:	TELE	PHONE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LICES By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:00/000125		CITY OR TO	DWN DAKINSTA	ADLE
APPLICATION FOR	RENEWAL:	Annual	Ll	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	JENNIFER L	. CULLUM			
DOING BUSINESS A	A SEA STREE	ET MARKET & PROV	ISIONERS		
ADDRESS 231 SEA	STREET				
CITY/TOWN: BAR	NSTABLE	STATE: M	A ZIP COD	E: 02601	
MANAGER: CULI JENN	LUM, TIFER L	TYPE OF LICENSE:	Package Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
F	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF I					
ONE FLOOR CONSI		AIN STORE. STORA	GE IN REAR AN	D CELLAR. FRO	ONT AND
I hereby certify and sv	wear under pen	alties of perjury that:			
1. the renewe	ed license will b	be of the same type for	the same premises	s now licensed;	
2. the license	e has complied	with all laws of the Co	ommonwealth rela	ting to taxes; and	
3. the premis	es are now ope	n for business (If not ex	xplain below)		
SIGNED BY	Individual, Pa	artner or Authorized Co	orporate Officer		
D.A.TITE					
DATE:	TELEP	HONE NUMBER:		OYER IDENTIFICATION DESCRIPTION OF THE PROPERTY OF THE PROPERT	
			(110tc. <u>111</u>	21 marviduai sociai i	security Number)
Please Check Below:				CENSING AUTH	IORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explain	in)				
•					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	07000126		CITY OR TOWN	BARNSTABLI	Ξ
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YE	AR
LICENSEE NAME: H	IYANNIS PACKAG	E STORE, INCO	RPORATED		
DOING BUSINESS A					
ADDRESS W. MAIN S	T & SCUDDER AV	E.			
CITY/TOWN: BARNS	STABLE	STATE: MA	ZIP CODE:	02601	
MANAGER: BURCH M.	i, DONALD TYPE	OF LICENSE: Pac	ckage Store C.	ATEGORY: Al	l Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LIC	CENSED PREMISES	S:			
ONE FRONT AND ON WITH THREE ROOMS BASEMENT FOR STO	S ON THE FIRST FL				URE
I hereby certify and swe	ar under penalties of	perjury that:			
1. the renewed	license will be of the	same type for the	same premises now	licensed;	
2. the licensee h	has complied with all	laws of the Com	nonwealth relating t	o taxes; and	
3. the premises	are now open for bus	siness (If not expl	ain below)		
SIGNED BY	ndividual, Partner or	Authorized Corne	orata Officer		
11	ildividuai, Faithei oi	Authorized Corpo	orate Officer		
DATE:	TELEDITORE N	H.D. (D.E.D.	EMBI OVEI	R IDENTIFICATION	NIIMDED.
DITTE.	TELEPHONE N	NUMBER:		lividual Social Securi	
					•
Please Check Below:			LOCAL LICENS	SING AUTHORI	ΤΥ
APPROVED: DISAPPROVED:			By:		
(If disapproved explain)	1				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000127		CITY OR TOWN	BARNSTABLE
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: OSTERVILLE	PKG STORE INC		
DOING BUSINESS A			
ADDRESS 11 WIANNO AVENUE			
CITY/TOWN: BARNSTABLE	STATE: MA	ZIP CODE:	02655
MANAGER: NIGHTINGALE, GAIL C.	ΓΥΡΕ OF LICENSE: Pac	kage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PRE	MISES:		
ONE FRONT ENTRANCE AT WIAM WITH THREE ROOMS ON STREET			EN STRUCTURE
the renewed license will be the licensee has complied v the premises are now open	with all laws of the Comm	nonwealth relating to	
SIGNED BY Individual, Part	tner or Authorized Corpo	rate Officer	
DATE: TELEPH	ONE NUMBER:		IDENTIFICATION NUMBER: avidual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	007000128		CI	TY OR TOWN	BARNSTA	BLE
APPLICATION FOR	RENEWAL:	Annu	ıal	LICEN	SED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME:	TOWN LINE PAC	KAGE STOR	E, INC.			
DOING BUSINESS A	WILLOW PACK	AGE				
ADDRESS 700 YARM	MOUTH RD HYAN	INIS				
CITY/TOWN: BARN	ISTABLE	STATE:	MA	ZIP CODE:	02601	
MANAGER: Rosario	o, Edward A. TYP	E OF LICEN	SE:Packag	e Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR WE	BSITE AND ENTER	YOUR EMAIL	ADDRESS		-
DESCRIPTION OF L	CENSED PREMIS	ES:				
ONE STORY BUILD! AND REAR FIRE EX		ΤΕLΥ 60 X 6	0 WITH T	WO ENTRANC	ES AND EX	ITS
I hereby certify and sw	ear under penalties	of perjury tha	ıt:			
1. the renewed	l license will be of t	he same type	for the san	ne premises now	licensed;	
2. the licensee	has complied with	all laws of the	e Common	wealth relating to	taxes; and	
	s are now open for l			=		
SIGNED BY						
	Individual, Partner	or Authorized	l Corporate	Officer		
DATE:	TELEPHONI	E NUMBER:		EMPLOYER	IDENTIFICAT	ION NUMBER:
				(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:			ī	OCAL LICENS	ING AUTHO)DITV
APPROVED:				By:	ING ACTIN	JKIT I
DISAPPROVED:				.,,.		
(If disapproved explain	ı)		-			
			=			
			-			
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 00/000129		CITY OR TOW	IN DAKINSTA	ADLE
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
	SEVEN G'S DISCOUI A SEVEN G'S LIQUOI	_	NC.		
ADDRESS 990 6A W	. BARNSTABLE				
CITY/TOWN: BAR	NSTABLE	STATE: MA	ZIP CODE:	02668	
MANAGER: GOV	ONI, PAUL A. TYPE (OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
I	LEASE ALSO VISIT OUR WEBSIT	TE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF I	ICENSED PREMISES	:			
ONE FLOOR; ONE I RTE 6A	ROOM FOR STORAGE	E. TWO ENTRA	NCES/EXITS TO	PARKING LO	OT OFF
	e has complied with all es are now open for bus Individual, Partner or A	iness (If not expl	ain below)	g to taxes; and	
DATE:	TELEPHONE N	UMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED:			LOCAL LICE By:	NSING AUTH	ORITY
DISAPPROVED: (If disapproved expla	in)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	007000130		CI	TY OR TOWN	BARNSTA	BLE
APPLICATION FOR I	RENEWAL:	Annı	ıal	LICEN	SED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME:	DEER HOLLOW CO	ORPORATI	ON			
DOING BUSINESS A	BARNSTABLE BO	OTTLE SHO)PPE			
ADDRESS 10 SEABC	OARD LANE					
CITY/TOWN: BARN	ISTABLE	STATE:	MA	ZIP CODE:	02601	
MANAGER: BISSE	TT, MARK T TYPE	E OF LICEN	SE:Packag	ge Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR WEB	SITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISE	ES:				
3500 SQ FT STORE L						ONE
LEVEL WITH ONE E				JKAGE IN DAS	ENIENI	
I hereby certify and sw	•				licancadı	
	l license will be of th			_		
	has complied with a			_	o taxes; and	
3. the premise	s are now open for b	usiness (If n	ot explain i	below)		
SIGNED BY	Individual, Partner o	ur Authoriza	d Cornorate	Officer		
	marviduai, Farmei o	Aumonzeo	1 Corporate	Officer		
DATE:				EMBI OVE	DENTIER	CION NI IMPER.
DATE.	TELEPHONE	NUMBER:				TION NUMBER: ecurity Number)
				(county runner,
Please Check Below: APPROVED:				LOCAL LICENS	SING AUTHO	ORITY
DISAPPROVED:	7		Ŀ	By:		
(If disapproved explain	ı)		=			
			-			
			-			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000139		CITY OR TOWN	BARNSTA	BLE
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: 99 RESTAURA	ANTS OF BOSTON LLO	C		
DOING BUSINESS A 99 RESTAUR	ANT-PUBS			
ADDRESS 1600 FALMOUTH ROAI)			
CITY/TOWN: BARNSTABLE	STATE: MA	ZIP CODE:	02632	
MANAGER: HANN, THOMAS	ΓΥΡΕ OF LICENSE:Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OU DESCRIPTION OF LICENSED PRE	R WEBSITE AND ENTER YOUR E MISES:	MAIL ADDRESS		
1. the renewed license will be 2. the licensee has complied v 3. the premises are now open	of the same type for the with all laws of the Com	monwealth relating to		
SIGNED BY Individual, Part	tner or Authorized Corpo	orate Officer		
DATE: TELEPH	ONE NUMBER:	EMPLOYER (Note: NOT Ind		ION NUMBER: ecurity Number)
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the hea	d of the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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LICENSE NUMBER: 0	07000142		CITY	OR TOWN	BARNSTA	BLE
APPLICATION FOR R	ENEWAL:	Annua	1	LICEN	SED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: N	IICHAEL F. D	DEPAOLO				
DOING BUSINESS A	IL MAESTRO	RISTORANTE				
ADDRESS 297 NORTH	H STREET, B	LDG 2				
CITY/TOWN: BARNS	STABLE	STATE:	MA Z	IP CODE:	02601	
MANAGER:	ר	ΓΥΡΕ OF LICENS	E:Restauran	t C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OU	R WEBSITE AND ENTER	YOUR EMAIL ADI	DRESS		
DESCRIPTION OF LIC				7 TOD 10 ==	DINGE 5 : =	
187-C WEST MAIN ST RESTROOMS, KITCH SECTION AND ENTR	EN IN REAR,	ENTRANCE/EX				
I hereby certify and swe	ar under penal	ties of perjury that	:			
1. the renewed	license will be	of the same type f	or the same	premises now	licensed;	
2. the licensee l	nas complied v	with all laws of the	Commonwe	alth relating t	o taxes; and	
3. the premises	are now open	for business (If no	t explain bel	ow)		
SIGNED BY	ndividual Part	tner or Authorized	Corporate O)fficer		
-	, 1 410		corpor ate c			
DATE:	TELEPH	ONE NUMBER:		EMPLOYE	R IDENTIFICAT	ION NUMBER:
				(Note: NOT Inc	lividual Social S	ecurity Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building	inspector and the	e head of th	e fire depart	ment for the	above
Please Check Below:			LO	CAL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved explain)						
(11 disapproved explain)						
DATE:						



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LICENSE NUMBER: 00/000161		CITY OR TOWN DAKINSTABLE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: JOSEPH A. JAMII	EL JR.	
DOING BUSINESS A ARDEO ON MA	IN	
ADDRESS 644 MAIN STREET		
CITY/TOWN: BARNSTABLE	STATE: MA	ZIP CODE: 02630
MANAGER: JAMIEL JR., TYP JOSEPH A.	PE OF LICENSE: Rest	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	AIL ADDRESS
DESCRIPTION OF LICENSED PREMIS	SES:	
STOREFRONT CONSISTING OF FIRST INCLUDES BAR, DINING ROOM, KIT REAR ENTRANCE/EXIT. BASEMENT AND OFFICE AREA.	CHEN, TWO RESTR	OOMS WITH BOTH FRONT AND
I hereby certify and swear under penalties	of perjury that:	
1. the renewed license will be of	the same type for the s	same premises now licensed;
2. the licensee has complied with	all laws of the Comm	onwealth relating to taxes; and
3. the premises are now open for	business (If not explain	in below)
SIGNED BY Individual, Partner	or Authorized Corpor	rate Officer
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building ins	spector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below: APPROVED:		LOCAL LICENSING AUTHORITY By:
DISAPPROVED: (If disapproved explain)		
(II disapproved explain)		
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:00/000162		CITY OR TOWN	DAKINSTA	ADLE
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	PREET CORP.				
DOING BUSINESS	A PAVILION IND	IAN CUISINE			
ADDRESS 511 MAI	N STREET				
CITY/TOWN: BAR	NSTABLE	STATE: MA	ZIP CODE:	02601	
MANAGER: THIN	D, PARAMJIT TY	PE OF LICENSE: Re	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR E	CMAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMI	SES:			
OUTSIDE DINING	AT 5 TABLES OF	FOUR EACH IN FR	ONT OF RESTAUR	ANT.	
I hereby certify and sy	wear under penaltie	s of perjury that:			
		the same type for the			
		h all laws of the Com		o taxes; and	
3. the premis	es are now open for	r business (If not expl	lain below)		
SIGNED BY					
SIGNED B I	Individual, Partne	r or Authorized Corp	orate Officer		
			_		
DATE:	TELEPHON	NE NUMBER:	EMPLOYEI	R IDENTIFICAT	TION NUMBER:
			(Note: NOT Inc	dividual Social S	Security Number)
We the undersigned	L attest that we are	e in possession (1) th	ne certificate requir	ed by Chapt	er 304 of the
Acts of 2004, signed	by the building in	spector and the hea	d of the fire depart	ment for the	above
named license and (of 2010.	2) the certificate o	f liquor liability insu	irance required by	Chapter 116	of the Acts
Please Check Below: APPROVED:			LOCAL LICENS	SING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved expla	in)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0070001	86	CITY OR TOWN BARNSTAB	LE
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR 2013	3
	CLASS	Y	EAR
LICENSEE NAME: GMRI, I	NC.		
DOING BUSINESS A THE O	LIVE GARDEN ITALIAN RE	STAURANT	
ADDRESS 1095 IYANNOUG	H RD.		
CITY/TOWN: BARNSTABL	E STATE: MA	ZIP CODE: 026311	
MANAGER: KEMPANER, TRACI A.	TYPE OF LICENSE: Res	staurant CATEGORY: A	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSE			
	229 SQ. FT. LOUNGE WITH	ROOMS TO TALING 6,430 SQ. F A BAR S EATING 19. A 2,285 SQ	
I hereby certify and swear unde	r penalties of perjury that:		
1. the renewed license	will be of the same type for the	same premises now licensed;	
	•	nonwealth relating to taxes; and	
3. the premises are nov	w open for business (If not expla	ain below)	
SIGNED BY	al, Partner or Authorized Corpo	orate Officer	
marvidu	ar, I artifer of Mathorized Corpe	rate Officer	
DATE:	ELEPHONE NUMBER:	EMPLOYER IDENTIFICATIO	N NUMBER:
11	LEFHONE NUMBER.	(Note: NOT Individual Social Sect	
Acts of 2004, signed by the b	uilding inspector and the head	e certificate required by Chapter I of the fire department for the al rance required by Chapter 116 o	oove
Please Check Below:		LOCAL LICENSING AUTHOR	RITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
		-	
DATE:			



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LICENSE NUI	MBER: 007000187		CITY OR TOWN	BARNSTABLE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSE	ED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: PUFFERBELLI	ES, INC		
DOING BUSIN	NESS A PUFFERBELI	LIES		
ADDRESS 001	183R IYANNOUGH RI	D.		
CITY/TOWN:	BARNSTABLE	STATE: MA	ZIP CODE:	02601
MANAGER:	AROUSTAMIAN, TSUNNY	TYPE OF LICENSE: Ger pre	neral on CAT mise	EGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	<u> </u>
DESCRIPTION	N OF LICENSED PRE	MISES:		
16000 BRICK FENCED IN P		E, RESTAURANT ARE	A, BANQUE T ROO	M + 20,000
I hereby certify	and swear under penal	ties of perjury that:		
1. the	renewed license will be	of the same type for the	same premises now lic	censed;
2. the 1	licensee has complied w	vith all laws of the Comn	nonwealth relating to ta	axes; and
3. the 1	premises are now open	for business (If not expla	in below)	
SIGNED BY				
	Individual, Part	ner or Authorized Corpo	rate Officer	
DATE:	TELEPHO	ONE NUMBER:		DENTIFICATION NUMBER:
			(Note: NOT Individ	dual Social Security Number)
Acts of 2004,	signed by the building	are in possession (1) the inspector and the head of liquor liability insu	l of the fire departme	ent for the above
Please Check Belo	ow:		LOCAL LICENSIN	IG AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 00700	00190	CITY OR TOWN BARNST	ABLE
APPLICATION FOR RENE	EWAL: Annual	LICENSED FOR 2	2013
	CLASS	S	YEAR
LICENSEE NAME: SCOT	TT LOPES, LLC		
DOING BUSINESS A THE	E PIZZA WAVE		
ADDRESS 3864 FALMOU	TH RD		
CITY/TOWN: BARNSTA	BLE STATE: 1	MA ZIP CODE: 02648	
MANAGER: LOPES, SCO	OTT TYPE OF LICENSI	E:Restaurant CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE A	LSO VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS	
DESCRIPTION OF LICENS	SED PREMISES:		
AREA WITH SEATING FO	OR 44, A KITCHEN PREP A	FOF APPROX 1500 SQ FT WITH D REA AND 2 RESTROOMS. ONE F E DINING AT PICNIC TABLES.	
I hereby certify and swear ur	nder penalties of perjury that:		
1. the renewed licen	ise will be of the same type for	or the same premises now licensed;	
	•	Commonwealth relating to taxes; and	
3. the premises are i	now open for business (If not	explain below)	
SIGNED BY Indivi	idual, Partner or Authorized C	Corporate Officer	
DATE.			
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
		(10tc. 101 Individual Social	Security Number)
Acts of 2004, signed by the	e building inspector and the	1) the certificate required by Chap head of the fire department for th insurance required by Chapter 11	e above
Please Check Below:		LOCAL LICENSING AUTH	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:		-	



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(CITY OR TOWN BARNSTABLE
Annual	LICENSED FOR 2013
CLASS	YEAR
O INC	
STRO	
STATE: MA	ZIP CODE: 02601
OF LICENSE: Innho	older CATEGORY: All Alcohol
SITE AND ENTER YOUR EMA	IL ADDRESS
ER, FREEZER, KITC EN FUNCTION ROC	NG FOR 150, BAR AREA WITH 12 CHEN, TWO RESTROOMS AND DMS, TWO ON THE FIRST FLOOR
f perjury that:	
* *	ame premises now licensed;
	onwealth relating to taxes; and
usiness (If not explain	n below)
r Authorized Corpora	ate Officer
NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: NOT Individual Social Security Number)
ector and the head	certificate required by Chapter 304 of the of the fire department for the above nnce required by Chapter 116 of the Acts
	LOCAL LICENSING AUTHORITY
	By:
	Annual CLASS D INC STRO STATE: MA E OF LICENSE: Innho SITE AND ENTER YOUR EMA ES: OOM WITH SEATI ER, FREEZER, KITC EN FUNCTION ROC OWER LEVEL of perjury that: the same type for the sa Il laws of the Commo usiness (If not explain or Authorized Corpora NUMBER: In possession (1) the offector and the head of



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LICENSE NUMBER: 007000196	(CITY OR TOWN	BARNSTABLE
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: CLARTIN INC. DOING BUSINESS A KETTLE HO			
ADDRESS 12 SCHOOL STREET			
CITY/TOWN: BARNSTABLE S	STATE: MA	ZIP CODE:	02635
MANAGER: CURTIN, STEPHENTYPE OI	F LICENSE: Resta	nurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE	E AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PREMISES: ONE STORY WOOD STRUCTURE APPROX AREA, COUNTER, BAR WITH SEATING FO BASEMENT FOR STORAGE. 2 ENTRANCE TO KITCHEN IN REAR. MAX SEATING 50	OR 18, KITCHEN ES AND EXITS (, RESTROOMS, O ON SCHOOL ST.	OFFICE AND SERVIC ENTRANCE
I hereby certify and swear under penalties of pe	erjury that:		
1. the renewed license will be of the sa		_	
2. the licensee has complied with all la		_	taxes; and
3. the premises are now open for busing	ness (If not explain	1 below)	
SIGNED BY Individual, Partner or A	authorized Corpora	ate Officer	
	authorized Corpora	ate Officer	
		EMPLOYER	IDENTIFICATION NUMBER:
Individual, Partner or A	JMBER: ossession (1) the or and the head of	EMPLOYER (Note: <u>NOT</u> Ind certificate require	ed by Chapter 304 of the nent for the above
DATE: TELEPHONE NU We the undersigned, attest that we are in perfect that of 2004, signed by the building inspect named license and (2) the certificate of liquorest signed.	JMBER: ossession (1) the or and the head of	EMPLOYER (Note: NOT Indicertificate require of the fire departionce required by	ed by Chapter 304 of the nent for the above
Individual, Partner or A DATE: TELEPHONE NU We the undersigned, attest that we are in po Acts of 2004, signed by the building inspect named license and (2) the certificate of lique of 2010. Please Check Below: APPROVED:	JMBER: ossession (1) the or and the head of	EMPLOYER (Note: NOT Indicertificate require of the fire departionce required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Individual, Partner or A DATE: TELEPHONE NU We the undersigned, attest that we are in performance of 2004, signed by the building inspect named license and (2) the certificate of lique of 2010. Please Check Below: APPROVED: DISAPPROVED:	JMBER: ossession (1) the or and the head of	EMPLOYER (Note: NOT Indicertificate require of the fire departs ance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Individual, Partner or A DATE: TELEPHONE NU We the undersigned, attest that we are in po Acts of 2004, signed by the building inspect named license and (2) the certificate of lique of 2010. Please Check Below: APPROVED:	JMBER: ossession (1) the or and the head of	EMPLOYER (Note: NOT Indicertificate require of the fire departs ance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Individual, Partner or A DATE: TELEPHONE NU We the undersigned, attest that we are in performance of 2004, signed by the building inspect named license and (2) the certificate of lique of 2010. Please Check Below: APPROVED: DISAPPROVED:	JMBER: ossession (1) the or and the head of	EMPLOYER (Note: NOT Indicertificate require of the fire departs ance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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LICENSE NUMBER	00/000199		CITY OR TO	WN DAKIST	ADLE
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	MAD HATT	ER LLC			
DOING BUSINESS A	A GREENHO	USE RESTAURANT			
ADDRESS 1127 IYA	NNOUGH RI)			
CITY/TOWN: BAR	NSTABLE	STATE: MA	ZIP COD	E: 02601	
MANAGER: CONN CHRI	NOLLY, STOPHER	TYPE OF LICENSE: In	nholder	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PR	EMISES:			
FUNCTION ROOMS	, POOL & DE	IES, BASEMENT AND 4 ICK AREA. BASEMENT ISTAURANT, POOL & I	Γ; 3 FUNCTION	N ROOMS; FIRS	T
I hereby certify and sv	vear under per	alties of perjury that:			
• •	•	be of the same type for the	e same premises	now licensed;	
2. the license	e has complied	l with all laws of the Com	monwealth relat	ting to taxes; and	
3. the premise	es are now ope	en for business (If not exp	lain below)		
SIGNED BY	Individual, P	artner or Authorized Corp	orate Officer		
DATE:		WONE WAR OPEN	EMDI	OYER IDENTIFICA	TION NI IMBED
<i>51112.</i>	TELEP	HONE NUMBER:		OT ER IDENTIFICA OT Individual Social	
Acts of 2004, signed	by the buildi	re are in possession (1) the ng inspector and the hea ate of liquor liability ins	d of the fire de	partment for the	e above
Please Check Below: APPROVED:			LOCAL LIC	CENSING AUTH	IORITY
DISAPPROVED: [n)		<u>-</u>		
DATE:			-		



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	ER: 007000200		CITY OR TOWN	N BARNSTA	ABLE
APPLICATION F	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	E: PIZZA BY N	NICKOLAS INC.			
DOING BUSINES	SS A MIKE'S PI	ZZA			
ADDRESS 1220 I	YANNOUGH R	D			
CITY/TOWN: B	ARNSTABLE	STATE: M	A ZIP CODE:	02601	
	ESIALIDES, /ANGELA	TYPE OF LICENSE:	Restaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT	FOUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION O					
DINING ROOM V	WITH SEATING	ESTROOMS. THREE R FOR 48, COOKING A AND ONE REAR ENT	REA AND SEPARA		
I hereby certify an	d swear under pe	nalties of perjury that:			
•	-	be of the same type for	the same premises no	w licensed;	
2. the lice	ensee has complie	ed with all laws of the Co	ommonwealth relating	to taxes; and	
3. the pres	mises are now op	en for business (If not ex	xplain below)		
SIGNED BY	Individual, I	Partner or Authorized Co	orporate Officer		
	,				
DATE:	TELE	PHONE NUMBER:		ER IDENTIFICAT	
Acts of 2004, sign	ned by the build	we are in possession (1) ing inspector and the h cate of liquor liability in	ead of the fire depar	rtment for the	above
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
/IC 1: 1					
(If disapproved ex	plain)				
(If disapproved ex	plain)				
SIGNED BY DATE:		Partner or Authorized Co	EMPLOY		



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LICENSE NUMBER:	. 007000204		CITY OR TOW	N BARNSTA	BLE
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	OCEAN PARTNE	ERS, INC.			
DOING BUSINESS A	A THE ISLAND M	IERCHANT			
ADDRESS 302 Main	St				
CITY/TOWN: BAR	NSTABLE	STATE: MA	ZIP CODE:	02601	
MANAGER: Dunn,	Joseph P. II TY	PE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:]
P	LEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L					
Wood frame building kitchen area of 400 sq			•	•	sq ft,
I hereby certify and sv	vear under penaltie	s of perjury that:			
1. the renewe	d license will be of	f the same type for th	e same premises n	ow licensed;	
2. the license	e has complied with	h all laws of the Con	nmonwealth relatin	ig to taxes; and	
3. the premise	es are now open for	r business (If not exp	olain below)		
SIGNED BY					
	Individual, Partne	er or Authorized Corp	oorate Officer		
DATE:	TELEPHON	NE NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
We the undersigned Acts of 2004, signed					
named license and (2 of 2010.					
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)		-		
DATE:					<u> </u>
APPLICATION FOR RENEWA	AL MUST BE FILED BY	LICENSEES DURING THE	MONTH OF NOVEMBE	R (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBER: 00)7000205		CITY OR TOV	VN BARNSTA	ABLE
APPLICATION FOR R	ENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: S.	JR GROUP INC.				
DOING BUSINESS A	FIVE EIGHTY SIX	X BISTRO			
ADDRESS 586 MAIN S	STREET				
CITY/TOWN: BARNS	STABLE	STATE: MA	ZIP CODE	: 02601	
MANAGER: SCHILD	OGE, JASON TYPE	E OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR WEB	SSITE AND ENTER YOUR EM	MAIL ADDRESS		_
DESCRIPTION OF LIC			NE KITCHEN V	VITH SEATING	FOR
112. SEATING FOR 16	AT BAR/COUNT	ER; FOUR RESTR	OOMS;THREE	ENTRANCES	AND
EXITS TO MAIN ST. T FIVE TABLES OF 4;TO					NING AT
I hereby certify and swea			THE KESTAUL	VAIVI.	
	=	ne same type for the	same premises i	now licensed:	
		all laws of the Comm			
3. the premises	are now open for b	ousiness (If not expla	ain below)		
SIGNED BY					
Ir	ndividual, Partner o	or Authorized Corpo	orate Officer		
DATE:	TELEDIJONE	NIIIMDED.	FMPI C	OYER IDENTIFICA	TION NUMBER:
	TELEPHONE	, NUMBER:		☐ Individual Social S	
We the undersigned, a Acts of 2004, signed by					
named license and (2)			_		
of 2010.					
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)			-		
			-		
DATE:					
DINIL.					



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LICENSE NUMBER	00/000211		CITY OR	IUWN DAKN	STADLE
APPLICATION FOR	R RENEWAL:	Annual		LICENSED FO	OR 2013
		CLASS			YEAR
LICENSEE NAME:	FAZIO'S TRATT	'ORIA,INC.			
DOING BUSINESS	A FAZIO'S TRAT	TORIA			
ADDRESS 294 MAI	IN STREET				
CITY/TOWN: BAF	RNSTABLE	STATE: MA	ZIP CC	DDE: 02601	1
MANAGER: FAZI E.	O, THOMAS TY	PE OF LICENSE:R	estaurant	CATEGO:	RY: All Alcohol
EMAIL ADDRESS:					
·	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	ISES:			
ON EAST SIDE OF OUTSIDE SEATS), FT. KITCHEN ARE	THE BUILDING. 7 PLUS 8 SEATS A A OF 1,040 SQ. FT		R FOR 82 (IN	CLUDING 24 S	SEASONAL
I hereby certify and s	-				
		f the same type for th	-		
	-	th all laws of the Con		lating to taxes;	and
3. the premi	ses are now open to	or business (If not exp	nam below)		
SIGNED BY	Individual, Partne	er or Authorized Corp	oorate Officer		
DATE:	TELEPHO	NE NUMBER:			FICATION NUMBER:
Acts of 2004, signed	d by the building in	re in possession (1) t nspector and the hea of liquor liability ins	ad of the fire	department for	r the above
Please Check Below:			LOCAL I	LICENSING AU	UTHORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	ıin)				
			-		
DATE:					
DAIL.					



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LICENSE NUMBER: 007000215		CITY OR TOWN	BARNSTA	BLE
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: THE DAILY DOING BUSINESS A THE DAILY ADDRESS 644 WEST MAIN STRI	Y PAPER			
CITY/TOWN: BARNSTABLE	STATE: MA	ZIP CODE:	02601	
MANAGER: WEBB, AARON	TYPE OF LICENSE: Res	staurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
TWO ENTRANCES AND EXITS F SEATING FOR 125 INCLUDING A A KITCHEN WITH AN ADDITION EAST SIDE OF BLDG CONTAINS on the existing porch in front and on I hereby certify and swear under pen 1. the renewed license will to 2. the licensee has complied	A COUNTER THAT SEA NAL ENTRANCE AND E S TWO RESTROOMS Ac the side of the restaurant nalties of perjury that: be of the same type for the	TS 20. BEHIND THEXIT USED BY THE Idd outside dining for same premises now	HE DINING A E EMPLOYI up to 28 at 7	EES.
3. the premises are now open SIGNED BY				
Individual, Pa	artner or Authorized Corpo	orate Officer		
DATE: TELEP	PHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
We the undersigned, attest that w Acts of 2004, signed by the buildin named license and (2) the certification of 2010.	ng inspector and the head	d of the fire departi	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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LICENSE NUI	MBER: 00/000217		CITY	OR TOWN	BARNSTA	ABLE
APPLICATIO	N FOR RENEWAL:	Annual		LICEN	NSED FOR 2	013
		CLASS				YEAR
LICENSEE NA	AME: NEW SEDGEW	ICK, INC.				
DOING BUSI	NESS A PUFF THE MA	AGIC				
ADDRESS 649	9 MAIN ST					
CITY/TOWN:	BARNSTABLE	STATE: MA	ZII	P CODE:	02601	
MANAGER:	WOOD, DAVID M. T		eneral on remise	C	CATEGORY:	All Alcohol
EMAIL ADDR	RESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDI	RESS		
DESCRIPTION	N OF LICENSED PREM	MISES:				
TOBACCO PE LIQUOR. EXI	ALOCOHOL SEATING RODUCTS. ONE ROOM TS ARE 1 TO THE REA STORAGE AREA, OUT	I APPROX. 100 SQ. AR, 1 TO THE FRON	FT FO K IT MAIN	ITCHEN S ST		
I hereby certify	y and swear under penalti	ies of perjury that:				
	renewed license will be	* *	-			
	licensee has complied wi			•	to taxes; and	
3. the	premises are now open for	or business (If not ex	plain belo	w)		
SIGNED BY	Individual, Partn	er or Authorized Cor	porate Of	ficer		
DATE:	TELEPHO	ONE NUMBER:	(1)			TION NUMBER: Security Number)
Acts of 2004,	rsigned, attest that we a signed by the building i e and (2) the certificate	inspector and the he	ad of the	fire depart	tment for the	e above
Please Check Belo APPROVED: DISAPPROVE	ED:		LOC By:	AL LICEN	SING AUTH	ORITY
(If disapproved	l explain)					
DATE.						
DATE:						



LICENSE NUMBER: 0070	00218		CITY OR TOWN	BARNSTA	BLE
APPLICATION FOR REN	EWAL:	Annual CLASS	LICEN	SED FOR 20	013 YEAR
LICENSEE NAME: WKC DOING BUSINESS A MIS ADDRESS 00379R WEST	SAKI				
CITY/TOWN: BARNSTA	ABLE STA	ATE: MA	ZIP CODE:	02601	
MANAGER: BUTLER,K	AREN L.TYPE OF L	ICENSE: Rest	aurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE A	ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EM	AIL ADDRESS		
WOOD FRAME BLDG W BLDG, SEATING FOR 40 IS 400 SQ FT AND KITCH	, ONE SUSHI BAR W				
2. the licensee has 3. the premises are SIGNED BY	nder penalties of perjunse will be of the same complied with all laws now open for busines vidual, Partner or Author	s of the Comm s (If not expla	onwealth relating t		
DATE:	TELEPHONE NUM	BER:		R IDENTIFICAT	
We the undersigned, atterdates of 2004, signed by the named license and (2) the of 2010.	e building inspector	and the head	of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



LICENSE NUMBER: 007000222	CITY OR TOWN BARNSTABLE
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: WEQUAQUET LAKE YACHT CLUDOING BUSINESS A ADDRESS 150 ANNABELLE POINT RD	B, INC.
CITY/TOWN: BARNSTABLE STATE: MA	ZIP CODE: 02632
MANAGER: CHEVALIER, TYPE OF LICENSE: C RONALD N.	Club CATEGORY: All Alcohol
EMAIL ADDRESS:	
DESCRIPTION OF LICENSED PREMISES: 2 FLOORS WOODEN BLDG WITH FIVE ROOMS ON FITS SECOND FLOOR. THREE ENTRANCES ON THE STREET	RST FLOOR. THREE ROOMS ON THE
I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the sam	mmonwealth relating to taxes; and
SIGNED BY Individual, Partner or Authorized Cor	porate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession (1) that Acts of 2004, signed by the building inspector and the help named license and (2) the certificate of liquor liability instead of 2010.	ad of the fire department for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOCAL LICENSING AUTHORITY By:
DATE:	



LICENSE NUMBER	: 007000224		CITY OR TOWN	BARNSTA	BLE
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	LIU MING HUA INC.				
DOING BUSINESS	A GOLDEN FOUNTAI	N RESTAURAN	NT .		
ADDRESS 203 WES	T MAIN ST				
CITY/TOWN: BAR	NSTABLE :	STATE: MA	ZIP CODE:	02601	
MANAGER: ZHAN	NG, QIAO JIN TYPE O	F LICENSE:Re	staurant CA	ATEGORY:	Wine and
					Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSITE	E AND ENTER YOUR E	MAIL ADDRESS		
	LICENSED PREMISES:				
	ND EXIT ONTO WEST TING 48. KITCHEN ARI			OF BLDG, T	ABLE
T11	1 1				
	wear under penalties of p			1 1.	
	ed license will be of the s				
	ee has complied with all l		_	o taxes; and	
3. the prenns	ses are now open for busing	ness (11 not expi	ani below)		
SIGNED BY					
SIGNED BY	Individual, Partner or A	authorized Corpo	orate Officer		
DATE:	TELEPHONE N	UMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Wa the undersigned	l, attest that we are in p	occaccion (1) th	a cartificata raquire	ad by Chant	or 301 of the
	l by the building inspect				
	2) the certificate of liqu	or liability insu	rance required by	Chapter 116	of the Acts
of 2010.					
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	in)				
(11 disappioved expla	111 <i>)</i>				_
DATE:					



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LICENSE NU	MBER: 007000228		CITY OR TOWN	BARNSTABLE
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: R & Y ENTERP	RISES, INC.		
DOING BUSI	NESS A Ying's Sushi Ba	ır & Lounge		
ADDRESS 59	CENTER STREET			
CITY/TOWN:	BARNSTABLE	STATE: MA	ZIP CODE:	02601
MANAGER:	SURIYAWONG, T'ANIDA	YPE OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	N OF LICENSED PREM			
WITH SEATI	TO PARKING LOT AN NG FOR 28 AND 13 SE. S AT SUSHI BAR.OUTI EATING 67	ATS AT BAR. SEPAR	ATE SUSHI ROOM	WOTJ 20 SEATS
I hereby certify	and swear under penalti	es of perjury that:		
1. the	renewed license will be o	of the same type for the	same premises now	licensed;
	licensee has complied wi		_	taxes; and
3. the	premises are now open for	or business (If not explain	ain below)	
SIGNED BY	Individual, Partn	er or Authorized Corpo	orate Officer	
DATE:	TELEPHO	ONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004,	signed by the building i	inspector and the head	d of the fire departn	ed by Chapter 304 of the nent for the above Chapter 116 of the Acts
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENS By:	ING AUTHORITY
DATE.				
DATE:				



ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 007000231		CITY OR TOWN	BARNSTABLE
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: OUTBACK	STEAKHOUSE OF FLOR	RIDA, LLC	
DOING BUSIN	NESS A OUTBACK	X STEAKHOUSE		
ADDRESS 107	70 IYANNOUGH R	D		
CITY/TOWN:	BARNSTABLE	STATE: MA	ZIP CODE:	02601
MANAGER:	BRODERICK, JENNIFER	TYPE OF LICENSE: Re	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
		OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
	N OF LICENSED PI			
	OWNERSHIP INTE			
, ,	-	nalties of perjury that: be of the same type for the	e same premises now	licensed:
		d with all laws of the Com	•	
	=	en for business (If not exp	_	
SIGNED BY				
	Individual, P	Partner or Authorized Corp	orate Officer	
DATE.				
DATE:	TELEI	PHONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
			(****** <u>*****</u> ma	rvidual social security rvanisery
Acts of 2004,	signed by the build	ve are in possession (1) thing inspector and the heat ate of liquor liability inst	d of the fire departi	nent for the above
Please Check Belo	<u>ow:</u>		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disupproved	· capium)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	00/000236		CI	TY OR TOWN	BARNSTA	BLE
APPLICATION FOR I	RENEWAL:	Annua	1	LICE	NSED FOR 20)13
		CLAS	S			YEAR
LICENSEE NAME:	SHANGHAI CHINE	ESE RESTAU	RANT, I	NC.		
DOING BUSINESS A	SHANGHAI CHIN	IESE RESTA	URANT			
ADDRESS 11 RIDGE	WOOD AVENUE					
CITY/TOWN: BARN	STABLE	STATE:	MA	ZIP CODE:	02601	
MANAGER: YANG	, HENRY TYPE	E OF LICENS	E:Restau	rant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	EASE ALSO VISIT OUR WEB		YOUR EMAIL	ADDRESS		
DESCRIPTION OF LI	CENSED PREMISE	ES:				
Thereby and Court and		· C 414	_			
I hereby certify and swe	ear under penames of l license will be of th			ne premises nos	v licensed:	
	has complied with a	• •		•		
	s are now open for b			_	,	
SIGNED BY						
-	Individual, Partner o	or Authorized	Corporate	e Officer		
D.A.EE						
DATE:	TELEPHONE	NUMBER:			ER IDENTIFICAT adividual Social S	
				(1101c. <u>1101</u> II	idividuai Sociai S	ecurity (vulliber)
We the undersigned, Acts of 2004, signed by						
named license and (2)	• •			_		
of 2010.						
Please Check Below:			I	OCAL LICEN	SING AUTH	ORITY
APPROVED:	٦		F	Ву:		
DISAPPROVED: (If disapproved explain]		_			
(11 disapproved explain	,					
			-			_
DATE:			-			



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LICENSE NUMBER: 007000237		CITY OR TOWN	BARNSTABLE
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: SUPERIOR I DOING BUSINESS A HERITAGE ADDRESS 259 MAIN ST			
CITY/TOWN: BARNSTABLE	STATE: MA	ZIP CODE:	02601
MANAGER: DAALE, JAN	TYPE OF LICENSE: In	nholder Ca	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT DESCRIPTION OF LICENSED PR	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
ENTRANCE TO MAIN ST AND P GUEST ROOMS, RESTAURANT FT RESTAURANT WITH SEATIN CONFERENCE ROOM, INDOOR dining(patio) with 10 tables of 4 and throughout the property, all outside of I hereby certify and swear under per 1. the renewed license will 2. the licensee has complied 3. the premises are now open	1ST FLR; STORAGE AF NG FOR 139 AND BAR S POOL, OUTDOOR POO 12 tables of 2 tpta;omg 4- exterior areas. halties of perjury that: be of the same type for the d with all laws of the Com	REA 94 SF, KITCHE SEATING 12. LOWED L. Same as current plus seats. Room service e same premises now amonwealth relating to	N 928 SF, 2230 SQ ER LEVEL; lus outside to all 143 rooms
SIGNED BY Individual, P	artner or Authorized Corp	oorate Officer	
DATE: TELEP	PHONE NUMBER:		R IDENTIFICATION NUMBER:
We the undersigned, attest that w Acts of 2004, signed by the buildi named license and (2) the certification of 2010.	ng inspector and the hea	nd of the fire departi	ment for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	2:007000239		CITY OR T	OWN	BARNSTA	BLE
APPLICATION FOR	R RENEWAL:	Annual		LICENS	SED FOR 20	013
		CLASS				YEAR
	NOT YOUR AVERA A NOT YOUR AVER		C.			
ADDRESS ROUTE	132					
CITY/TOWN: BAR	RNSTABLE	STATE: M	A ZIP CO	DE:	02601	
MANAGER: RAN	DON,BRUCE TYPE	OF LICENSE:	Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOU	R EMAIL ADDRESS			
LOCATED WITHIN STREET INTO RES	LICENSED PREMISE I THE CAPE COD MA TAURANT AND REA CE OF 300 SQ FT AN	ALL WITH ON AR EXIT. SEAT	TING FOR 155	AND B		
 the renew the license 	wear under penalties of ed license will be of the ee has complied with a ses are now open for b	e same type for ll laws of the Co	ommonwealth re			
SIGNED BY	Individual, Partner o	r Authorized Co	orporate Officer			
DATE:	TELEPHONE	NUMBER:				ION NUMBER:
Acts of 2004, signed	d, attest that we are in I by the building insp (2) the certificate of li	ector and the h	the certificate ead of the fire	require departn	ed by Chapto nent for the	er 304 of the above
Please Check Below: APPROVED: DISAPPROVED: [If disapproved explain.]	uin)		LOCAL I By:	LICENS	ING AUTHO	ORITY
DATE:						



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LICENSE NUMBER	:00/000240		C	II Y OK IOW	N DAKINSTA	ADLE
APPLICATION FOR	RENEWAL:	Ann	ual	LICI	ENSED FOR 2	013
		CLA	.SS			YEAR
LICENSEE NAME:						
DOING BUSINESS	A THE NAKE	ED OYSTER				
ADDRESS 408 MAI	N STREET					
CITY/TOWN: BAR	NSTABLE	STATE:	MA	ZIP CODE:	02601	
MANAGER: LOW FLOR	ELL, RENCE G.	TYPE OF LICEN	ISE:Restau	ırant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
]	PLEASE ALSO VISIT	OUR WEBSITE AND ENTE	R YOUR EMAII	ADDRESS		_
DESCRIPTION OF I	LICENSED PR	REMISES:				
single story brick struside, one ent/exit on vemployees outdoor cafloor 2200sq ft.1400	vest side of the afé with 12 dea sq ft basement	bldg.dining rm sea ts in front of bldg. -office,storage restr	ting for 76, Kitchen,storooms and a	bar drink rail brage and restr	for 8-10 stande oom areas.total	es,14 main
I hereby certify and s		1 5 5				
		be of the same type		-		
		d with all laws of th			g to taxes; and	
3. the premis	ses are now ope	en for business (If r	ot explain	below)		
SIGNED BY	Individual, P	artner or Authorize	d Corporat	e Officer		
DATE:	TELEP	PHONE NUMBER:		EMPLOY	YER IDENTIFICAT	ΠΟΝ NUMBER:
				(Note: NOT	Individual Social S	Security Number)
We the undersigned Acts of 2004, signed named license and (of 2010.	by the buildi	ng inspector and t	he head of	the fire depa	rtment for the	above
Please Check Below:			1	LOCAL LICE	NSING AUTH	ORITY
APPROVED:				Ву:	. 1011 10 110 111	01111
DISAPPROVED:				-		
(If disapproved expla	in)					
DATE:						



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LICENSE NUMBER: 007	000244		CITY OR TO	OWN BARNSTA	ABLE
APPLICATION FOR REN	NEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DA	VESTER,LLC				
DOING BUSINESS A EN	MBARGO				
ADDRESS 453 MAIN ST	•				
CITY/TOWN: BARNST	ABLE	STATE: MA	ZIP COD	DE: 02601	
MANAGER: NOBLE,D	AVID TYPE (OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE	E ALSO VISIT OUR WEBSIT	ΓE AND ENTER YOUR E	MAIL ADDRESS		
CONCRETE AND WOOI THREE EXITS. 2881SQF SEATING FOR 11 MIDD INDOOR SEATING FOR	T DINING ROOM LE BAR SEATING	1 WITH STAGE G FOR 30 SUSH	AREA& DAN I BAR SEATI	CE FLOOR. FRO	NT BAR
I hereby certify and swear					
	ense will be of the		_		
	s complied with all e now open for bus			iting to taxes; and	
3. the premises at	e now open for ous	mess (II not expi	alli below)		
SIGNED BY	ividual, Partner or A	Authorized Corp	orate Officer		
DATE:	TELEDIJONE N	HIMADED.	EMPI	LOYER IDENTIFICA	TION NUMBER:
22.	TELEPHONE N	UMBEK:		OT Individual Social S	
We the undersigned, atta Acts of 2004, signed by t named license and (2) th of 2010.	he building inspec	ctor and the hea	d of the fire do	epartment for the	e above
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain)					
(11 disappioved expiain)					
DATE:					



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ADDI ICATION EOD DENEWAL.		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: HEARTH'N KETT	TLE OF HYANNIS, IN	C.
DOING BUSINESS A CAPE CODDER	RESORT	
ADDRESS 1225 IYANNOUGH RD		
CITY/TOWN: BARNSTABLE	STATE: MA	ZIP CODE: 02601
MANAGER: CATANIA, WILLIAM	PE OF LICENSE: Innho	older CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMA	IL ADDRESS
DESCRIPTION OF LICENSED PREMI	SES:	
261 UNIT HOTEL UNIT CONTAINING RESTAURANTS. BASEMENT HAS 5 I ASSORTED OFFICE SPACE. 1ST FLR MEETING ROOMS WITH A TOTAL S	MEETING ROOMS, SI HAS 2 RESTAURAN	EATING FOR 718 AS WELL AS FS, ONE LOUNGE AND FOUR
I hereby certify and swear under penalties	s of perjury that:	
1. the renewed license will be of	the same type for the sa	ame premises now licensed;
2. the licensee has complied with	all laws of the Commo	nwealth relating to taxes; and
3. the premises are now open for	business (If not explain	below)
SIGNED BY		2.00
Individual, Partnei	or Authorized Corpora	te Officer
Individual, Partnei	or Authorized Corpora	te Officer
DATE	r or Authorized Corpora	EMPLOYER IDENTIFICATION NUMBER
DATE		
DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building in	IE NUMBER: e in possession (1) the ospector and the head o	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010. Please Check Below: APPROVED: DISAPPROVED:	IE NUMBER: e in possession (1) the ospector and the head o	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) certificate required by Chapter 304 of the fire department for the above
DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010. Please Check Below: APPROVED:	IE NUMBER: e in possession (1) the ospector and the head o	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) certificate required by Chapter 304 of the of the fire department for the above nce required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010. Please Check Below: APPROVED: DISAPPROVED:	IE NUMBER: e in possession (1) the ospector and the head o	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) certificate required by Chapter 304 of the of the fire department for the above nce required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 007000247		CITY OR TOWN BARNST	'ABLE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N.	AME: B2 BURRITO	O BISTRO, INC		
DOING BUSI	NESS A			
ADDRESS 79	0 IYANNOUGH RD			
CITY/TOWN:	: BARNSTABLE	STATE: MA	ZIP CODE: 02601	
MANAGER:	TUCKER, CHRISTOPHER	TYPE OF LICENSE: Re	staurant CATEGORY	: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED PR			
64 SEATS, 40	00 SQ FT PREP KITC		DES 960 SQ FT DINING ARE AND 350 SQ FT KITCHEN, SI N REAR OF BLDG	
I hereby certify	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licensed;	
2. the	licensee has complied	d with all laws of the Com	nonwealth relating to taxes; and	d
3. the	premises are now ope	en for business (If not expl	ain below)	
SIGNED BY		artner or Authorized Corpo	orate Officer	
DATE:	TELEP	PHONE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
			(Note: NOT Individual Social	Security Number)
Acts of 2004,	signed by the buildi	ng inspector and the head	e certificate required by Chap d of the fire department for the drance required by Chapter 1	ie above
Please Check Bel	ow:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	u expiaiii)			
DATE:				



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LICENSE NUI	MBER: 007000251		CITY OR TOWN	BARNSTA	BLE
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
	AME: HOLT PIZZA, NESS A SCOTTIE'S I				
ADDRESS 24	4 ROUTE 28				
CITY/TOWN:	BARNSTABLE	STATE: MA	ZIP CODE:	02601	
MANAGER:	HOLT, STEPHEN M. JR.	TYPE OF LICENSE: Re-	staurant C	ATEGORY:	Wine and Malt Regular
EMAIL ADDF	RESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
	N OF LICENSED PRE				
BASEMENT I		TO KITCHEN WITH SE FRONT ENTRANCE F DOM			FULL
	premises are now open	with all laws of the Common for business (If not exploration)	ain below)	to taxes; and	
	marviduai, i ai	ther of Authorized Corpo	rate Officer		
DATE:	TELEPH	HONE NUMBER:			TION NUMBER:
Acts of 2004,	signed by the building	e are in possession (1) the g inspector and the head te of liquor liability insu	d of the fire depart	ment for the	above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	SING AUTH	ORITY
DATE:					



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LICENSE NUMBER	:007000252		CITY OR TOWN	DAKINSTA	ADLE
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 304-06 M	AIN ST				
CITY/TOWN: BAR	NSTABLE	STATE: MA	ZIP CODE:	02601	
MANAGER: ATIW SAIT	.,	TYPE OF LICENSE: Res	staurant (CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
F	LEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF I					
1ST FLR; DINING R ENTRANCE AND E		EATING FOR 49, KITCI	HEN, STORAGE,	RESTROOMS	5,
3. the premis SIGNED BY		rtner or Authorized Corpo	· · · · · · · · · · · · · · · · · · ·		
DATE:	TELEPH	IONE NUMBER:		ER IDENTIFICAT	
Acts of 2004, signed	by the building	e are in possession (1) the g inspector and the head te of liquor liability insu	e certificate requi l of the fire depar	red by Chapt tment for the	er 304 of the above
of 2010.	2) the tertificat	te of inquot nability insu	rance required by	Chapter 110	of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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LICENSE NUMBER	: 007000253		CITY OR TOWN	BARNSTA	BLE
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAME: DOING BUSINESS A		•			
ADDRESS 412 MAI	N ST.				
CITY/TOWN: BAR	NSTABLE	STATE: MA	ZIP CODE:	02601	
MANAGER: OTTO JOSE		PE OF LICENSE: Res	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
I	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	MAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMIS	ES:			
4400 SQFT ON GRC ROOM SEATING 12 FOR STORAGE.					
3. the premis		or Authorized Corpo	· · · · · · · · · · · · · · · · · · ·		
DATE:	TELEPHONI	E NUMBER:		R IDENTIFICATI	
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building ins	pector and the head	e certificate requir l of the fire depart	ed by Chapte ment for the a	r 304 of the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUMBER	:00/000254		CITY OR TOWN BARNS	STADLE
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE NAME:	BRAZILIAN GR	ILL,INC.		
DOING BUSINESS	A BRAZILIAN G	RILL		
ADDRESS 676-78 N	IAIN STREET			
CITY/TOWN: BAR	NSTABLE	STATE: MA	ZIP CODE: 02601	
MANAGER: DE P	AULA,KELLY TY	PE OF LICENSE: Rest	aurant CATEGOR	XY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF I	LICENSED PREM	ISES:		
BLDG.,KITCHEN A	REA OF 74' X 16': I SEATING FOR 1	DINING AREA OF 50	.2 EXITS TO REAR OF ' X 32' WITH SEATING FO G AREA OF 54' X 26' WITI	
I hereby certify and s	wear under penaltie	es of perjury that:		
1. the renew	ed license will be o	f the same type for the s	same premises now licensed;	
2. the license	e has complied wit	th all laws of the Comm	onwealth relating to taxes; a	nd
3. the premis	ses are now open fo	or business (If not explain	in below)	
SIGNED BY	Individual, Partne	er or Authorized Corpor	rate Officer	
DATE:	TELEPHO!	NE NUMBER:	EMPLOYER IDENTIFI	CATION NUMBER:
			(Note: NOT Individual Soc	eial Security Number)
Acts of 2004, signed	by the building in	nspector and the head	certificate required by Ch of the fire department for ance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	ın)			
			-	
DATE:				
•				



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LICENSE NUN	MBER: 007000256		CITY OR TOWN	BARNSTABLE
APPLICATION	N FOR RENEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: MACHERAS	MAIN ST. CORP.		
DOING BUSIN	NESS A SCHOONER	'S RESTAURANT		
ADDRESS 372	MAIN ST			
CITY/TOWN:	BARNSTABLE	STATE: MA	ZIP CODE:	02601
	TRACY P. MACHERAS	TYPE OF LICENSE: Re	staurant CAT	EGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
-	N OF LICENSED PRE			
ADD REAR PASEATS.	ATIO CONSISTING (OF 36 SEATS AT REAR	OF BLDG. AND FRO	ONT PATIO OF 28
I hereby certify	and swear under pena	lties of perjury that:		
1. the r	enewed license will be	e of the same type for the	same premises now lic	censed;
2. the 1	icensee has complied	with all laws of the Com	monwealth relating to ta	axes; and
3. the p	oremises are now open	for business (If not expl	ain below)	
SIGNED BY				
	Individual, Par	rtner or Authorized Corp	orate Officer	
DATE:	TELEPH	HONE NUMBER:		DENTIFICATION NUMBER:
			(Note: NOT Individ	dual Social Security Number)
Acts of 2004, s	signed by the building	e are in possession (1) the g inspector and the hear te of liquor liability insu	d of the fire departme	nt for the above
Please Check Belov	<u>w:</u>		LOCAL LICENSIN	G AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	expiaiii)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 007000257		CITY OR TOWN	N BARNSTABLE
APPLICATION	N FOR RENEWAL:	Annua	LICE.	NSED FOR 2013
		CLAS	S	YEAR
LICENSEE NA	ME: J & T FOOD SE	RVICE, INC.		
DOING BUSIN	NESS A FIVE BAYS B	ISTRO		
ADDRESS 825	MAIN STREET			
CITY/TOWN:	BARNSTABLE	STATE:	MA ZIP CODE:	02655
MANAGER:	JAMES T SURPRENANT	YPE OF LICENS	SE:Restaurant (CATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREM	MISES:		
BUILDING. TA		EATING FOR 72	AIN ST. TWO EXITS TO 2. BASEMENT STORAGE	
I hereby certify	and swear under penalt	ies of perjury that	:	
1. the r	renewed license will be	of the same type f	or the same premises no	w licensed;
2. the l	icensee has complied w	ith all laws of the	Commonwealth relating	to taxes; and
3. the p	premises are now open f	or business (If no	t explain below)	
SIGNED BY	Individual, Partr	ner or Authorized	Corporate Officer	
DATE:			EMBLOW!	ED IDENTIFICATION NUMBER.
DATE.	TELEPHO	ONE NUMBER:		ER IDENTIFICATION NUMBER: ndividual Social Security Number)
			(******** <u>*****</u> 1	narvadar Boeiar Beedrity Ivaniber)
Acts of 2004, s	signed by the building	inspector and th	e head of the fire depar	ired by Chapter 304 of the tment for the above y Chapter 116 of the Acts
Please Check Below	<u>w:</u>		LOCAL LICEN	ISING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE				
DATE:				



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LICENSE NUI	MBER: 007000263		CITY OR TOWN	BARNSTABLE
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: D.J.'S WINGS 'N'	THINGS, INC.		
DOING BUSI	NESS A D.J.'S WINGS, I	RIBS, SUBS 'N' MOI	RE	
ADDRESS 165	5 YARMOUTH RD			
CITY/TOWN:	BARNSTABLE	STATE: MA	ZIP CODE:	02601
MANAGER:	CARLIN, DENNIS TY	PE OF LICENSE: Re	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
		VEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
	N OF LICENSED PREMI			
	LROAD CARS ADJACE! F CARS, 2 EMERGENC			
	Y EXIT ON NORTH SIDI			
	M,KITCHEN,1 CONTAI			
I hereby certify	and swear under penaltie	s of perjury that:		
	renewed license will be of	* *	•	
	licensee has complied wit		•	o taxes; and
3. the	premises are now open for	r business (If not exp	lain below)	
SIGNED BY	Individual, Partne	r or Authorized Corp	orate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
			(Note: NOT Ind	lividual Social Security Number)
We the under	rianad attact that we ar	a in nassassian (1) tl	na cartificata raquir	ed by Chapter 304 of the
	signed by the building ir	•	-	
	e and (2) the certificate o	f liquor liability ins	urance required by	Chapter 116 of the Acts
of 2010.				
Please Check Belo			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disappioved	CAPIGIII)			
DATE:				



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LICENSE NUI	MBER: 007000264		CITY OR TOWN	BARNSTA	ABLE
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2	013
		CLASS			YEAR
LICENSEE NA	AME: OCEANS HA	ARBORS LLC			
DOING BUSI	NESS A OCEANS/H	IYANNIS ANGLER'S CL	UB		
ADDRESS 235	5 OCEAN ST				
CITY/TOWN:	BARNSTABLE	STATE: MA	ZIP CODE:	02601	
MANAGER:	FOLINO JR., ANTHONY	TYPE OF LICENSE: Re	staurant C	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
	N OF LICENSED PR	EMISES: TURE LOCATED AT 235			
WITH A KITO FOR TOTAL O SEATING 54, AND TWO MI	CHEN AND SERVIC OCCUPANCY OF 12 BAR SEATING 13, Y EANS OF EGRESS O		AL 99, 9 STNADE OND FLOOR FUNG	ES, 14 EMPI CTION ROO	LOYEES M
	and swear under pen				
		be of the same type for the			
	=	l with all laws of the Com	=	to taxes; and	
3. the	premises are now ope	en for business (If not expl	ain below)		
SIGNED BY	Individual, Pa	artner or Authorized Corp	orate Officer		
DATE.					
DATE:	TELEP	HONE NUMBER:			FION NUMBER: Security Number)
Acts of 2004,	signed by the building	re are in possession (1) th ng inspector and the hea ate of liquor liability insu	e certificate requir d of the fire depart	red by Chapt ment for the	ter 304 of the
Please Check Belo	ow.		LOCAL LICEN	CINC AUTU	ODITV
APPROVED:			LOCAL LICENS By:	σπιο ΑυτΠ	OKITI
DISAPPROVE	ED:		2).		
(If disapproved	l explain)				
DATE:					



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000268		CITY OR TOWN BARNST	CABLE
APPLICATION FOR RENEWAL	: Annual CLASS	LICENSED FOR	2013 YEAR
LICENSEE NAME: 4120 CORE DOING BUSINESS A BIG DAD ADDRESS 4120 FALMOUTH R	DY'S PIZZA		
CITY/TOWN: BARNSTABLE	STATE: MA	ZIP CODE: 02635	
MANAGER: HOLLAND, VINCENT B.	TYPE OF LICENSE: Pac	kage Store CATEGORY	Y: Wine and Malt Regular
EMAIL ADDRESS:			
2. the licensee has compli	enalties of perjury that:	same premises now licensed; nonwealth relating to taxes; and	
SIGNED BY Individual,	Partner or Authorized Corpo	rate Officer	
DATE: TELI	EPHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTI By:	HORITY
DATE:			



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APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: BARNSTA	ABLE RESTAURANT INC.	
DOING BUSINESS A BARNST	ΓABLE RESTAURANT AND	TAVERN
ADDRESS 3176 MAIN STREET	Γ	
CITY/TOWN: BARNSTABLE	STATE: MA	ZIP CODE: 02630
MANAGER: FINEGOLD, SUSAN	TYPE OF LICENSE: Resta	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VI	ISIT OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED	PREMISES:	
	FOR 34 PLUS 13 SEAT BAR. CK AREA AND ONE LOWER	ING RM. W/SEATING FOR 100. . 2 ENTRNC OFF MAIN ST. ONE R LANDING ENTRANC AND
I hereby certify and swear under	penalties of perjury that:	
1. the renewed license w	vill be of the same type for the s	ame premises now licensed;
•	lied with all laws of the Commo	
3. the premises are now	open for business (If not explain	n below)
SIGNED BY Individual	, Partner or Authorized Corpora	ate Officer
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the bui	lding inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Acts of 2004, signed by the bui named license and (2) the certi	lding inspector and the head	of the fire department for the above
Acts of 2004, signed by the bui named license and (2) the certi of 2010. Please Check Below: APPROVED:	lding inspector and the head	of the fire department for the above ance required by Chapter 116 of the Acts
Acts of 2004, signed by the bui named license and (2) the certi of 2010. Please Check Below: APPROVED: DISAPPROVED:	lding inspector and the head	of the fire department for the above ance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
Acts of 2004, signed by the bui named license and (2) the certi of 2010. Please Check Below: APPROVED: DISAPPROVED:	lding inspector and the head	of the fire department for the above ance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
Acts of 2004, signed by the bui named license and (2) the certi of 2010. Please Check Below: APPROVED:	lding inspector and the head	of the fire department for the above ance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY



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LICENSE NU	MBER: 007000275	Cl	TY OR TOWN	BARNSTA	BLE
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE N.	AME: PALIO INC.				
DOING BUSI	NESS A PALIO PIZZI	ERIA			
ADDRESS 43	5 MAIN STREET				
CITY/TOWN:	BARNSTABLE	STATE: MA	ZIP CODE:	02601	
MANAGER:	MAZZEO,	TYPE OF LICENSE: Restau	rant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:				
		UR WEBSITE AND ENTER YOUR EMAIL	ADDRESS		
	N OF LICENSED PRE				
DINING ARE	A FOR 30 AND OUTS	RANCE/EXITS; APPROX. IDE SEATING AREA FOR SIDE SEATING IS 9'10" X	16 AND 2 RES		
I hereby certify	y and swear under penal	lties of perjury that:			
1. the	renewed license will be	e of the same type for the sar	ne premises now	licensed;	
2. the	licensee has complied v	with all laws of the Common	wealth relating to	taxes; and	
3. the	premises are now open	for business (If not explain	below)		
SIGNED BY	Individual, Par	tner or Authorized Corporat	e Officer		
DATE:					
DATE.	TELEPH	ONE NUMBER:	(Note: NOT Ind		ION NUMBER: ecurity Number)
			(******* <u>*****</u> 	rviduur Boeiur Bo	cearry (valueer)
Acts of 2004,	signed by the building	are in possession (1) the co g inspector and the head of e of liquor liability insurar	the fire departr	nent for the	above
Please Check Belo	ow:]	LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		J	Зу:		
DISAPPROVI					
(If disapproved	d explain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0070	100278		Cl	TY O	R TOW	$N = \mathbf{B}A$	ARNSTA	ABLE
APPLICATION FOR REN	EWAL:	Annu	al		LICE	NSED	FOR 20	013
		CLAS	SS					YEAR
LICENSEE NAME: SEA	SIDE PUB ON	MAIN LLC						
DOING BUSINESS A SE	ASIDE PUB ON	N MAIN						
ADDRESS 615 MAIN ST								
CITY/TOWN: BARNSTA	ABLE	STATE:	MA	ZIP	CODE:	02	2601	
MANAGER: PHU, UY	JIA TYPE	E OF LICEN	SE:Restau	ırant		CATE	GORY:	All Alcohol
EMAIL ADDRESS:								
PLEASE	ALSO VISIT OUR WEB	BSITE AND ENTER	YOUR EMAIL	ADDRES	SS			_
GROUND FLOOR CONSI 78, BAR AREA WITH SE. AND KITCHEN	ATING FOR 18	3, 100 SQ FT	LOUNGE	E ARE	A REST	ROOI		
the renewed lice the licensee has the premises are SIGNED BY	complied with a	all laws of the ousiness (If no	e Common ot explain	wealth below)	n relating			
Indi	vidual, Partner o	or Authorized	Corporat	e Omc	er			
DATE:	TELEPHONE	E NUMBER:						FION NUMBER: Security Number)
We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.	ne building insp	ector and th	ne head of	the fi	re depa	rtmen	t for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				LOCA By:	L LICE	NSINC	G AUTH	ORITY
DATE:								



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LICENSE NUN	MBER: 007000280		CITY OR TOWN	BARNSTA	BLE
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		,	YEAR
LICENSEE NA	ME: WILLOW TREE	E MARKET,INC.			
DOING BUSIN	IESS A WILLOW TRE	EE MARKET			
ADDRESS 15	CHARLES STREET				
CITY/TOWN:	BARNSTABLE	STATE: MA	ZIP CODE:	02601	
	CHAUDRY, T SAEED A.	YPE OF LICENSE: Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION	OF LICENSED PREM	AISES:			
	premises are now open f	rith all laws of the Common business (If not explanation or Authorized Corpo	ain below)	taxes; and	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT	
Please Check Below	<u>w:</u>		LOCAL LICENS	ING AUTHO	RITY
APPROVED:			By:		
DISAPPROVE	·				
(If disapproved	expiain)				
DATE:					
APPLICATION FOR	RENEWAL MUST BE FILED B	Y LICENSEES DURING THE M	ONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	(A)



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LICENSE NUMBER: 00/000286		CITY OR TOWN DARNST	ADLE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: HYANNIS GOLF CO DOING BUSINESS A SEE FORM 43 FOR		T IS EXTENDEVE	
ADDRESS 1800 ROUTE 132			
CITY/TOWN: BARNSTABLE	STATE: MA	ZIP CODE: 02601	
MANAGER: KEEFE, DANIEL T. TYPE	OF LICENSE: Res	staurant CATEGORY	: All Alcohol
EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBS		MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES			
1. the renewed license will be of the 2. the licensee has complied with al 3. the premises are now open for bu	e same type for the I laws of the Comm	nonwealth relating to taxes; and	l
SIGNED BY Individual, Partner or	· Authorized Corpo	orate Officer	
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license 2010.	ector and the head	l of the fire department for th	e above
Please Check Below:		LOCAL LICENSING AUTH	HORITY
APPROVED: DISAPPROVED: Control of the control of th		Ву:	
(If disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED BY LICE	NSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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LICENSE NUMBER:	007000287		CITY OR TOWN	BARNSTA	BLE
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	SAM,INC.				
DOING BUSINESS A	MINI FOOD	MART			
ADDRESS 252 MAIN	ST				
CITY/TOWN: BARN	NSTABLE	STATE: MA	ZIP CODE:	02601	
MANAGER: JAMII	.,ASIM	TYPE OF LICENSE:Pa	ackage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PI	EASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		-
DESCRIPTION OF L	ICENSED PRI	EMISES:			
WOOD FRAME BLD	G. APPROX 2	2100 SQ.			
2. the licensee	has complied	with all laws of the Conn for business (If not exp	nmonwealth relating to		
	Individual, Pa	rtner or Authorized Corp	orate Officer		
DATE:	TELEPI	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICAT lividual Social Se	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					
APPLICATION FOR RENEWA	AL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBER (M	i.G.L. Ch. 138 \$ 16	5A)



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LICENSE NUMBER: 00/000291		CITY OR TOWN DAR	NSTADLE
APPLICATION FOR RENEWAL:	Annual	LICENSED F	OR 2013
	CLASS		YEAR
LICENSEE NAME: COUNTRY CLUB EL DOING BUSINESS A PHILBRICK'S	JTE, INC.		
ADDRESS 1460 ROUTE 149			
CITY/TOWN: BARNSTABLE	STATE: MA	ZIP CODE: 0260)1
MANAGER: IAN PHILBRICK TYPE O	OF LICENSE: Res	taurant CATEGO	ORY: All Alcohol
EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSIT	IE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES	:		
 I hereby certify and swear under penalties of the renewed license will be of the the licensee has complied with all the premises are now open for bus 	same type for the laws of the Comm	onwealth relating to taxes	
SIGNED BY Individual, Partner or	Authorized Corpo	rate Officer	
DATE: TELEPHONE N	IUMBER:	EMPLOYER IDENT (Note: NOT Individual S	IFICATION NUMBER: Social Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspectate and (2) the certificate of liq of 2010.	ctor and the head	of the fire department fo	or the above
Please Check Below:		LOCAL LICENSING A	UTHORITY
APPROVED: DISAPPROVED:		By:	
(If disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED BY LICEN	ISEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch.	138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 007000292		C	ITY OR TOWN	I BARNSTA	ABLE
APPLICATIO	N FOR RENEWAL:	Annua	1	LICE	NSED FOR 2	013
		CLAS	S			YEAR
LICENSEE NA	AME: NORTH STREET	STEAKHOUS	E AND S	PORTS BAR,I	NC.	
DOING BUSI	NESS A THE STEAK HO	OUSE SPORTS	BAR			
ADDRESS 72	NORTH STREET					
CITY/TOWN:	BARNSTABLE	STATE:	MA	ZIP CODE:	02601	
MANAGER:	RICHARDI,EDMO TY ND	PE OF LICENS	E: Restau	ırant (CATEGORY:	All Alcohol
EMAIL ADDR	RESS:					
	PLEASE ALSO VISIT OUR W	/EBSITE AND ENTER Y	OUR EMAII	ADDRESS		_
DESCRIPTION	N OF LICENSED PREMI	SES:				
	CE RESTAURANT LOCA AND DINING ROOM 78				NNIS KITCH	EN 2
I hereby certify	and swear under penalties	s of perjury that	:			
1. the	renewed license will be of	the same type f	or the sai	ne premises nov	w licensed;	
2. the	licensee has complied with	h all laws of the	Commor	wealth relating	to taxes; and	
3. the	premises are now open for	business (If no	t explain	below)		
SIGNED BY						
	Individual, Partne	r or Authorized	Corporat	e Officer		
DATE:	TELEPHON	NE NUMBER:		EMPLOYE	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
				(Note: NOT I	ndividual Social S	Security Number)
Acts of 2004,	rsigned, attest that we are signed by the building in e and (2) the certificate of	spector and the	e head of	the fire depar	tment for the	above
Please Check Belo	<u>)w:</u>]	LOCAL LICEN	SING AUTH	ORITY
APPROVED:				Ву:		
DISAPPROVE						
(If disapproved	l explain)					
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	IBEK: 00/000294		CITY OR TOV	VIN DAKINSTA	ADLE
APPLICATION	FOR RENEWAL:	Annual	LIC	ENSED FOR 2	2013
		CLASS			YEAR
	ME: HESS MART	OF MASSACHUSETTS RESS 21243	3		
ADDRESS 50 (OCEAN ST				
CITY/TOWN:	BARNSTABLE	STATE: MA	ZIP CODE	: 02601	
	CURTIN, HEATHER	TYPE OF LICENSE: Pa	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
-	OF LICENSED PR				
	Y BRICK BLDG W ND EXIT FACING	ITH 2268 SQ FT OF FL SOUTH	OOR AREA, SIN	GLE PUBLIC	
2. the li	icensee has complied premises are now ope	be of the same type for the with all laws of the Conn for business (If not expanded) artner or Authorized Corp	nmonwealth relation		
DATE:	TELEP	HONE NUMBER:		YER IDENTIFICA Individual Social	
Please Check Below APPROVED:				ENSING AUTH	IORITY
DISAPPROVED.			By:		
(If disapproved			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:00/000295		CITY OR TOWN	DAKINSTA	ADLE
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	COLOMBO'S CAFÉ	& PASTRIES, IN	C		
DOING BUSINESS A	A COLOMBO'S CAF	É & PASTRIES			
ADDRESS 544 MAII	N ST				
CITY/TOWN: BAR	NSTABLE	STATE: MA	ZIP CODE:	02601	
MANAGER: Sadel	mire, Martin P TYPE	E OF LICENSE: Re	staurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:		-			
F	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF I					
11 SEAT BAR, DINI			N AND SEPARAT		
I hereby certify and sv	•	1 0 0			
	ed license will be of th	• •	•		
	e has complied with a es are now open for b		_	to taxes; and	
3. the premis	es are now open for o	usiness (II not expi	am below)		
SIGNED BY					
SIGNED B I	Individual, Partner o	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
We the undersigned	l, attest that we are i	n nossession (1) th	a cartificata raqui	rad by Chant	for 301 of the
	by the building insp				
named license and (of 2010.	2) the certificate of li	iquor liability insu	rance required by	Chapter 116	of the Acts
01 2010.					
Please Check Below: APPROVED:			LOCAL LICEN	SING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved explain	in)				
			-		
DATE:					



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LICENSE NUM	IBER: 007000296		C	ITY OR TOW	N BARNST	ABLE
APPLICATION	FOR RENEWAL:	Annu	ıal	LIC	ENSED FOR 2	2013
		CLAS	SS			YEAR
	ME: TOMMY DOY					
DOING BUSIN	ESS A TOMMY DO	OYLE'S IRISH PU	B & RES	ΓAURANT		
ADDRESS 334	MAIN STREET					
CITY/TOWN:	BARNSTABLE	STATE:	MA	ZIP CODE:	02601	
	DOUGHERTY, SHAWN	TYPE OF LICEN	SE:Restat	ırant	CATEGORY	All Alcohol
EMAIL ADDRI	ESS:					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER	YOUR EMAI	L ADDRESS		
	OF LICENSED PRI ONE ROOM WITH					
PUBLIC STREACCESS TO PUBLOGBASE	.TWO ENTRANCES ETSTWO ADDITION UBLIC STREETA MENTADDITION AL BASEMENT AR	ONAL EMRGENC DDITIONAL EGR AL RESTROOMS	CY EXITS RESS FOR	IN PUBLIC I R KITCHEN S	PARKING AR STAFF IN REA	EA WITH R OF
I hereby certify	and swear under pena	alties of perjury tha	ıt:			
	enewed license will b			_		
	icensee has complied				ng to taxes; and	
3. the p	premises are now oper	1 for business (If no	ot explain	below)		
SIGNED BY	Individual, Pa	rtner or Authorized	l Corporat	te Officer		
DATE:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		EMDLO	VED IDENTIFICA	TION NUMBER.
DATE.	TELEPH	HONE NUMBER:			YER IDENTIFICA Individual Social	
Acts of 2004, s	signed, attest that we igned by the buildin and (2) the certifica	g inspector and th	he head o	ertificate req f the fire depa	uired by Chap artment for th	ter 304 of the e above
Please Check Below	w:			I OCAL LICE	ENSING AUTH	IODITV
APPROVED:				LOCAL LICE By:	ANDING AUTE	IOMI I
DISAPPROVE	D:			J		
(If disapproved	explain)			-		
DATE:						



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 007000297		CITY OR TOWN	BARNSTABLE
APPLICATION FO	OR RENEWAL:	Annual CLASS	LICENS	SED FOR 2013 YEAR
LICENSEE NAME DOING BUSINESS	: KOBI HOUSE,INC. S A KOBI HOUSE			
ADDRESS 499 BE	ARSE'S WAY			
CITY/TOWN: BA	ARNSTABLE	STATE: MA	ZIP CODE:	02601
MANAGER: HULLIU	ANG- TYPE C J,KAREN	F LICENSE: Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS	l:			
	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	F LICENSED PREMISES:			
	JSES ENTRANCE IN TH E KITCHEN TO OUTSID			
I hereby certify and	swear under penalties of p	erjury that:		
	wed license will be of the	• •	-	
	see has complied with all		•	taxes; and
3. the prem	nises are now open for business	ness (If not expl	ain below)	
SIGNED BY	Individual, Partner or A	Authorized Corpo	orate Officer	
D. 1995				
DATE:	TELEPHONE N	UMBER:		LIDENTIFICATION NUMBER: lividual Social Security Number)
			(1401c. <u>1401</u> Ind	ividuai Sociai Security Number)
Acts of 2004, signe	ed, attest that we are in ped by the building inspect (2) the certificate of liqu	tor and the head	d of the fire departr	nent for the above
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:	1.1.0			
(If disapproved exp	nain)			
DATE:			-	



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LICENSE NUI	MBER: 007000298		CITY OR TOWN	BARNSTA	BLE
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
	AME: RYAN FAMILY NESS A RYAN FAMIL				
ADDRESS 44	1 MAIN STREET				
CITY/TOWN:	BARNSTABLE	STATE: MA	ZIP CODE:	02601	
MANAGER:	CAMPBELL,PETERTY A.		neral on Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		-
AND CINDER FUNCTION R ENT.ONE SID TABLES WIT	SIDE MAIN ST.WITH R BLOCK BLDG.AON S LOOMS. 2 HALF BATHI DE ENT. ALCOHOL SEI TH SEATING FOR 20 AN LCOHOL IN THE GAMI	LAB. APPROX.12,48 ROOMS,GAME ROO! RVICE TO BE IN CO! ND FOR SPECIAL EV	O SQ.J 13 BOWLIN M AND OFFICES V NCOURSE SEATIN ENT PARTIWS IN	G LANES,2 VITH ONE F IG AREA AT THE FUNC	FRONT
2. the	renewed license will be of licensee has complied with premises are now open for Individual, Partn	th all laws of the Com	monwealth relating to		
DATE:	TELEPHO	NE NUMBER:			TON NUMBER: ecurity Number)
Acts of 2004,	rsigned, attest that we assigned by the building it and (2) the certificate	nspector and the head	d of the fire depart	ment for the	above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUMBER: 007000299	CITY OR TOWN BARNSTABLE
APPLICATION FOR RENEWAL: Ann	ual LICENSED FOR 2013
CLA	ASS YEAR
LICENSEE NAME: PAIN D' AVIGNON II INC. DOING BUSINESS A PAIN D' AVIGNON	
ADDRESS 15 HINCKLEY ROAD	
CITY/TOWN: BARNSTABLE STATE:	MA ZIP CODE: 02601
MANAGER: MARIANI, MARIO TYPE OF LICES C.	NSE:Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTIT DESCRIPTION OF LICENSED PREMISES:	ER YOUR EMAIL ADDRESS
SINGLE STORY BLDG AT 15 A, B, AND C HINCK FTDINING AREA SEATING 52, KITCHEN AND SEATING 19	
I hereby certify and swear under penalties of perjury the	nat:
1. the renewed license will be of the same type	•
2. the licensee has complied with all laws of the	_
3. the premises are now open for business (If	not explain below)
SIGNED BY Individual, Partner or Authorize	ed Corporate Officer
DATE: TELEPHONE NUMBER	: EMPLOYER IDENTIFICATION NUMBER:
	(Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and named license and (2) the certificate of liquor liabit of 2010.	
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED:	
(If disapproved explain)	
DATE:	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 007000301		CITY OR TOWN	BARNSTA	BLE
APPLICATION	FOR RENEWAL:	Annual	LICENS	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAM	ME: SHARK CITY MAR	RKET,LLC			
DOING BUSINI	ESS A OLD VILLAGE S'	TORE			
ADDRESS 2455	MEETINGHOUSE WAY	Y			
CITY/TOWN:	BARNSTABLE	STATE: MA	ZIP CODE:	02601	
	SCHOFIELD,ALFR TYPI ED P.	E OF LICENSE: Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION	OF LICENSED PREMISI	ES:			
one primary enst storage in 2nd flo	/exit on route 149 and empoor offric.	ployee exit to rte 14	9 alcohol area meas	ures 8x8 alco	ohol
I hereby certify a	and swear under penalties of	of perjury that:			
1. the re	enewed license will be of the	ne same type for the	same premises now	licensed;	
2. the lie	censee has complied with a	all laws of the Com	nonwealth relating to	taxes; and	
3. the pr	remises are now open for b	ousiness (If not expl	ain below)		
SIGNED BY	Individual, Partner o	or Authorized Corne	orate Officer		
	marviduai, i artiici (n munorized Corp.	orate Officer		
DATE:	TELEDIONE		EMDI OVED	IDENTIFICAT	ION NUMBER:
2112.	TELEPHONE	NUMBEK:	(Note: NOT Ind		
					•
Please Check Below	<u>:</u>		LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED			By:		
(If disapproved e					
· · · · · · · · · · · · · · · · · · ·	1 ' /				
DATE:					<u>—</u>



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LICENSE NUMBER:	007000303		CITY OR TOWN	BARNSTAB	LE
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 201	3
		CLASS		Y	EAR
LICENSEE NAME:	CAFFE E DOLCI INC	2.			
DOING BUSINESS A	CAFFE E DOLCI				
ADDRESS 430 MAIN	I STREET				
CITY/TOWN: BARN	NSTABLE	STATE: MA	ZIP CODE:	02601	
MANAGER: CAPO	LINO, LOUIS TYPE (OF LICENSE: Re	staurant C.		Wine and Malt Regular
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L					
FRONT ENTRANCE BATHROOMS38 S				ΓFOUR	
I hereby certify and sw	vear under penalties of	perjury that:			
	d license will be of the	• 1	•		
	has complied with all		_	o taxes; and	
3. the premise	es are now open for bus	siness (If not expl	ain below)		
SIGNED BY	Individual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE N	IUMBER:	EMPLOYER	R IDENTIFICATIO	ON NUMBER:
			(Note: NOT Inc	lividual Social Sec	curity Number)
Acts of 2004, signed	attest that we are in by the building inspec t) the certificate of liq	ctor and the hea	d of the fire depart	ment for the a	bove
Please Check Below:			LOCAL LICENS	SING AUTHO	RITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)				



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LICENSE NUMBER: 0070003	04	CITY OR TOWN BARNSTA	BLE
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR 20	13
	CLASS		YEAR
LICENSEE NAME: NEW BA	AROLO, INC		
DOING BUSINESS A BAROL	LO		
ADDRESS 297 NORTH ST, U	NIT 2		
CITY/TOWN: BARNSTABL	E STATE: MA	ZIP CODE: 02601	
MANAGER: LAPSLEY, THOMAS	TYPE OF LICENSE: R	estaurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSEI	O PREMISES:		
STOOLS AND 26 CHAIRS AT	Γ TABLES SEPARATED BY	ND FLOOR BAR AREA WITH 1: ' HIP WALL MAIN DINING ROO OM, BASEMENT PREP AREA	
I hereby certify and swear unde			
1. the renewed license	will be of the same type for th	ne same premises now licensed;	
2. the licensee has com	plied with all laws of the Con	nmonwealth relating to taxes; and	
3. the premises are nov	v open for business (If not exp	plain below)	
SIGNED BY Individu	al, Partner or Authorized Cor	porate Officer	
DATE: TE	ELEPHONE NUMBER:	EMPLOYER IDENTIFICAT	
		(Note: NOT Individual Social So	ecurity Number)
Acts of 2004, signed by the bu	uilding inspector and the he	he certificate required by Chapto ad of the fire department for the surance required by Chapter 116	above
Please Check Below:		LOCAL LICENSING AUTHO	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 007000305		CITY OR TOWN BA	RNSTABLE
APPLICATION FOR	RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NAME:	MACAAB INC			
DOING BUSINESS	A B & B PIZZA			
ADDRESS 10 SEAB	OARD LANE			
CITY/TOWN: BAR	NSTABLE	STATE: MA	ZIP CODE: 02	601
	TIETTE, ON JASON	ΓΥΡΕ OF LICENSE: Rest	taurant CATEO	GORY: All Alcohol
EMAIL ADDRESS:				
]	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF I	LICENSED PRE	MISES:		
		CATED AT 10 SEABOA AND DINING ROOM		
I hereby certify and s	wear under penal	ties of perjury that:		
1. the renew	ed license will be	e of the same type for the s	same premises now licer	nsed;
2. the license	ee has complied v	with all laws of the Comm	onwealth relating to tax	es; and
3. the premis	ses are now open	for business (If not explain	in below)	
SIGNED BY	Individual, Par	tner or Authorized Corpor	rate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDEN	NTIFICATION NUMBER:
			(Note: NOT Individua	al Social Security Number)
Acts of 2004, signed	by the building	are in possession (1) the g inspector and the head e of liquor liability insur	of the fire department	for the above
Please Check Below:			LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	ın)			
DATE:				



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LICENSE NUMBER: 00/000306	C	TIYUR IUWN BARNSIA	ADLE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: MERRILL SV	WEET INC.		
DOING BUSINESS A SWEET TO	OMATOES PIZZA		
ADDRESS 791 MAIN STREET			
CITY/TOWN: BARNSTABLE	STATE: MA	ZIP CODE: 02601	
MANAGER: SWEET, MERRILL	TYPE OF LICENSE: Resta	urant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PR	REMISES:		
2200 SQ FT WOOD FRAME SHIN STREETONE EXIT ON SIDE O WITH EIGHT STOOLSSEATIN PATIO TERRACE IN FRONT OF	F BLDGSEATING FOR 3 G FOR 12 ON OUTDOOR 3	34 INDOORS INCLUDING B 340 SQ FT PAVED AND FEN	AR ICED
I hereby certify and swear under pen	nalties of perjury that:		
1. the renewed license will	be of the same type for the sa	ame premises now licensed;	
•		nwealth relating to taxes; and	
3. the premises are now ope	en for business (If not explain	ı below)	
SIGNED BY Individual, Pa	artner or Authorized Corpora	te Officer	
DATE: TELEP	PHONE NUMBER:	EMPLOYER IDENTIFICAT	
		(Note: NOT Individual Social S	Security Number)
We the undersigned, attest that w Acts of 2004, signed by the buildin named license and (2) the certification of 2010.	ng inspector and the head o	of the fire department for the	above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)		_	
DATE:			



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LICENSE NU	MBER: 00/000310		CITY OR TOWN DAKINSTA	ADLE
APPLICATIO	ON FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE N	AME: BANGKOK CUISIN	IE OF HYANNIS IN	IC.	
DOING BUSI	NESS A BANGKOK CUIS	INE .		
ADDRESS 20	INDEPENDENCE DRIVE			
CITY/TOWN	: BARNSTABLE	STATE: MA	ZIP CODE: 02601	
MANAGER:	TANASANDILOK, TYPE TANAPON	E OF LICENSE: Rest	aurant CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMISE	ES:		
OF BLDG.FO AND STAFF	R CUSTOMERSUSE,REAR	AND KITCHEN E	RANCE WITH GLASS DOOR NTRY DOORS FOR EMPLOY TWO AND FIVE SEATS AT	
I hereby certify	y and swear under penalties of	of perjury that:		
1. the	renewed license will be of the	e same type for the s	same premises now licensed;	
2. the	licensee has complied with a	ll laws of the Comm	onwealth relating to taxes; and	
3. the	premises are now open for b	usiness (If not explai	in below)	
SIGNED BY	Individual, Partner o	or Authorized Corpor	rate Officer	
DATE				
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
			(1vote: 1vot individual Social)	Security Number)
Acts of 2004,	, signed by the building insp	ector and the head	certificate required by Chap of the fire department for the ance required by Chapter 11	e above
Please Check Bel	low:		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	a explain)			
DATE:				



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LICENSE NUMBI	ER: 00/000311		CITY OR TOWN BARNS	STADLE
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE NAME	E: H & S ENTERTA	INMENT, LLC		
DOING BUSINES	S A BISTROT DE S	OLEIL		
ADDRESS 350 ST	EVENS STREET			
CITY/TOWN: BA	ARNSTABLE	STATE: MA	ZIP CODE: 02601	
	TROKOSTAS,C TY ISTANTINOS	PE OF LICENSE: Res	taurant CATEGOR	XY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF	F LICENSED PREMI	SES:		
of THE BlDG/ TA	Bles and Chair SEA	Tubg FoR 58, BAR S	REET AMD TWo EXITS on SEATING FOR 19, 104 STA AREA OF 462 SQ. FT. DAN	ANDEES,
I hereby certify and	l swear under penaltie	s of perjury that:		
1. the rene	wed license will be of	the same type for the	same premises now licensed;	;
2. the licer	nsee has complied with	n all laws of the Comn	nonwealth relating to taxes; a	nd
3. the pren	nises are now open for	business (If not expla	in below)	
SIGNED BY	Individual, Partne	r or Authorized Corpo	rate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIFI	CATION NUMBER:
			(Note: NOT Individual Soc	cial Security Number)
Acts of 2004, sign	ed by the building in	spector and the head	e certificate required by Ch of the fire department for rance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:			By:	- -
DISAPPROVED:				
(If disapproved exp	olain)			
DATE:				



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LICENSE NUMBER	R: 007000312		CITY OR TOWN	BARNSTABLE
APPLICATION FOI	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS	A COTUIT CEN	TER OR THE ARE		
ADDRESS 4404 FA			MA ZID CODE	02601
CITY/TOWN: BAI		STATE: N		02601
MANAGER: KUE	CHN,DAVID T	TYPE OF LICENSE	:General on Ca premise	ATEGORY: All Alcohol
EMAIL ADDRESS:				
		R WEBSITE AND ENTER YO	UR EMAIL ADDRESS	
DESCRIPTION OF				
I hereby certify and s			. 41	Name de
		• •	the same premises now commonwealth relating to	
	_	for business (If not e	=	s taxes, and
	1		,	
SIGNED BY	Individual, Part	ner or Authorized C	orporate Officer	
DATE:				
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004, signed	d by the building	inspector and the	head of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED: [ain)			
(== alouppio (ea expir	/			
DATE:				
APPLICATION FOR RENEV	WAL MUST BE FILED B	Y LICENSEES DURING T	HE MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBE	K:00/000313		CITY OR TOWN	DAKINSTABLE
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	BEECH TREE CA	ANTINA LLC		
DOING BUSINESS	A SALT			
ADDRESS 599 MA	IN STREET			
CITY/TOWN: BA	RNSTABLE	STATE: MA	ZIP CODE:	02601
MANAGER: Swe	eney, Caitlyn E TY	PE OF LICENSE: Res	taurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:	:			
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	ISES:		
TWO STORY STR	UCTURE WITH RE	STAURANT AND BA	AR AREA, COFFE	SHOP WITH 2
		TS, INTERIOR REST		
		8. INTERIOR COFFE SEATS. REAR COUR		
SEATS AND 87 TA		SEATS, REAR COUR	I TARD CONSIST	S OF BAK WITH 13
I hereby certify and	swear under penaltie	es of perjury that:		
1. the renev	ved license will be of	f the same type for the	same premises now	licensed;
2. the licens	see has complied wit	h all laws of the Comm	nonwealth relating t	to taxes; and
3. the prem	ises are now open fo	r business (If not expla	in below)	
SIGNED BY				
	Individual, Partne	er or Authorized Corpo	rate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
We the undersigne	ad attact that we ar	a in naccassian (1) the	cartificata raquir	ed by Chapter 304 of the
		e in possession (1) the ispector and the head		
named license and				Chapter 116 of the Acts
of 2010.				
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	ain)			
				·
DATE:				



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LICENSE NUMBER: 007000314	C	ITY OR TOWN BARNS	STABLE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	R 2013
	CLASS		YEAR
LICENSEE NAME: MAD HAT DP INC DOING BUSINESS A HARRY'S AT TE			
ADDRESS 477 YARMOUTH ROAD			
CITY/TOWN: BARNSTABLE	STATE: MA	ZIP CODE: 02601	
MANAGER: PATCHIN, DON TYPE	PE OF LICENSE: Resta	urant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PREMIS 2 STORY WOOD BUILDING CONTAIN (375 SQ. FT) KITCHEN, 2 RESTROOM SEATS 50 PLUS, 10 STANDEES, 9 EMI ROOM, A 10'X 8' (80 SQ. FT.) ENTRYV STORAGE ROOM. ATTACHED TO TH WALK-IN REFRIGIRATOR AND FREE COMPLETED FOR 2ND DR/DANCE FI I hereby certify and swear under penalties 1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for	NING APPROX 3500 S S, A 45' X 25' (1125 SO PLOYEES. 15' X 21' (3 WAY, A 6' X 8' (48 SQ. HE REAR OF THE KIT EZER. TEMP LICENSI LOOR AND STAGE. of perjury that: the same type for the sa all laws of the Commo	SQ FT WHICH CONTAIN Q. FT.) DINING ROOM W 15 SQ. FT) FURNACE/U' FT.) OFFICE, A 7' X 14" (CHEN IS A 15' X 11' (165 E FOR PHASE 1 AMD PH me premises now licensed; nwealth relating to taxes; as	TITH A BAR; TILITY (98 SQ. FT) 5 SQ. FT.) (ASE 2
SIGNED BY Individual, Partner	or Authorized Corpora	te Officer	
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFIC	
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the head o	f the fire department for	the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AU' By:	THORITY
DATE:			



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

LICENSE NUMBER: 007000315	CITY OR TOWN BARNSTABLE
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: MC GRATH'S SALOON AND SPC	ORTS BAR,LLC
DOING BUSINESS A MC GRATH'S SALOON AND SP	ORTS BAR
ADDRESS 380 BARNSTABLE ROAD	
CITY/TOWN: BARNSTABLE STATE: M	IA ZIP CODE: 02601
MANAGER: MC TYPE OF LICENSE GRATH, DANIEL J.	:Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
SSINGLE WOOD FRAMED BLDG. FINISHED BASEM PARKING LOT ON SOUTH WALL OF BLDG.TO DINI LEVEL TO RIGHT.EXIT TO PATIO ON WEST WALL, LEADS TO 2 RESTROOMS AND BLDG. EXIT FROM I SOUTHEST CORNER OF RECTANGULAR DINING.	NG/LOUNGE AREA, STAIRS TO LOWER ENT.TO KITCHEN ON EAST WALL
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for	the same premises now licensed;
2. the licensee has complied with all laws of the C	ommonwealth relating to taxes; and
3. the premises are now open for business (If not e	explain below)
SIGNED BY Individual, Partner or Authorized Co	orporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession (1 Acts of 2004, signed by the building inspector and the l named license and (2) the certificate of liquor liability i of 2010.	nead of the fire department for the above
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED:	
(If disapproved explain)	



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NIT	MBER: 007000317		CITY OR TOWN	BARNSTA	BLE
APPLICATIO	N FOR RENEWAL:		LICEN	ISED FOR 20	
. roenigee ni		CLASS			YEAR
	AME: VE FOODS,				
	NESS A GOL SUPE				
ADDRESS 55	LYANNOUGH RO	AD			
CITY/TOWN:	BARNSTABLE	STATE: MA	ZIP CODE:	02601	
MANAGER:	D'OLIMPIO, VINCENT	TYPE OF LICENSE:	Package Store C	ATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:				
		OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTIO:	N OF LICENSED PI	REMISES:			
SIGNED BY	Individual, P	Partner or Authorized Cor	porate Officer		
DATE:	TELEI	PHONE NUMBER:			CION NUMBER: Security Number)
Please Check Beld APPROVED:			LOCAL LICEN	SING AUTH	ORITY
DISAPPROVI	<u> </u>		By:		
(If disapproved					
. 11	. /				
DATE:					



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LICENSE NUMBE	ER: 007000318		CITY OR TOWN	BARNSTABLE		
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 2013		
		CLASS		YEAR		
LICENSEE NAME	: BRASILIA FOODS	S LLC				
DOING BUSINESS	S A FOGO BRAZILIA	AN BARBEQUE				
ADDRESS 55 IYA	NNOUGH					
CITY/TOWN: BA	ARNSTABLE	STATE: MA	ZIP CODE:	02601		
	RLEY, TYF ZABETH	PE OF LICENSE: Res	taurant Ca	ATEGORY: All Alcohol		
EMAIL ADDRESS	3:					
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	IAIL ADDRESS			
DESCRIPTION OF	F LICENSED PREMIS	SES:				
I hereby certify and swear under penalties of perjury that:						
	wed license will be of		_			
	usee has complied with hises are now open for		_	o taxes; and		
5. the pren	lises are now open for	business (II not expia	ili below)			
SIGNED BY						
SIGNED BY	Individual, Partner	or Authorized Corpo	rate Officer			
SIGNED BY	Individual, Partner	or Authorized Corpor	rate Officer			
SIGNED BY	Individual, Partner	or Authorized Corpo	rate Officer			
SIGNED BY DATE:		or Authorized Corpor		IDENTIFICATION NUMBER:		
			EMPLOYER	LIDENTIFICATION NUMBER:		
DATE: We the undersign Acts of 2004, sign	TELEPHON ed, attest that we are ed by the building ins	E NUMBER: in possession (1) the spector and the head	EMPLOYER (Note: NOT Indecentificate require of the fire departs	ividual Social Security Number) ed by Chapter 304 of the		
DATE: We the undersign Acts of 2004, sign named license and of 2010. Please Check Below:	TELEPHON ed, attest that we are ed by the building ins	E NUMBER: in possession (1) the spector and the head	EMPLOYER (Note: NOT Index certificate required of the fire departs rance required by	ed by Chapter 304 of the nent for the above		
DATE: We the undersign Acts of 2004, sign named license and of 2010. Please Check Below: APPROVED:	TELEPHON ed, attest that we are ed by the building ins	E NUMBER: in possession (1) the spector and the head	EMPLOYER (Note: NOT Index certificate required of the fire departs rance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts		
DATE: We the undersign Acts of 2004, sign named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHON ed, attest that we are ed by the building ins l (2) the certificate of	E NUMBER: in possession (1) the spector and the head	EMPLOYER (Note: NOT Indecentificate require of the fire departs rance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts		
DATE: We the undersign Acts of 2004, sign named license and of 2010. Please Check Below: APPROVED:	TELEPHON ed, attest that we are ed by the building ins l (2) the certificate of	E NUMBER: in possession (1) the spector and the head	EMPLOYER (Note: NOT Indecentificate require of the fire departs rance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts		
DATE: We the undersign Acts of 2004, sign named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHON ed, attest that we are ed by the building ins l (2) the certificate of	E NUMBER: in possession (1) the spector and the head	EMPLOYER (Note: NOT Indecentificate require of the fire departs rance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 007000319		(CITY OR TOWN	BARNSTA	BLE
APPLICATION	N FOR RENEWAL:	Annu	al	LICENS	SED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NA	AME: SMITHFIEL	D MARKET OF BA	ARNSTA	BLE LLC		
DOING BUSIN	NESS A BARNSTA	BLE MARKET				
ADDRESS 322	20 MAIN STREET					
CITY/TOWN:	BARNSTABLE	STATE:	MA	ZIP CODE:	02601	
MANAGER:	BLANKENSHIP, JEFFREY	TYPE OF LICEN	SE:Packa	age Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER	YOUR EMA	IL ADDRESS		_
DESCRIPTION	N OF LICENSED PI	REMISES:				
	licensee has complie premises are now op Individual, P		ot explair	n below)	o taxes; and	
DATE:	TELEI	PHONE NUMBER:		EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:			LOCAL LICENS By:	ING AUTHO	ORITY
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	007000320		CITY OR TO	WN BARNSTA	BLE
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ML FRUIT & P	RODUCE, INC			
DOING BUSINESS A	LAMBERT'S	RAINBOW FRUIT			
ADDRESS 1000 WES	T MAIN STRE	ET			
CITY/TOWN: BARN	NSTABLE	STATE: MA	ZIP CODI	E: 02601	
MANAGER: LAME MATT	BERT, T	TYPE OF LICENSE: Pa	ckage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR F	CMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREM	MISES:			
DELI, FRUITS AND BUILDING WITH AU	VEGTABLES C JTOMATIC DC	STREET, CENTERVI CONTAINING AN ENT OORS AND EXIT TO T AREAS 10' EACH: ON	FRANCE TO TI THE LEFT WIT	HE RIGHT OF T H AUTOMAATI	HE C
I hereby certify and sw	ear under penal	ties of perjury that:			
1. the renewed	d license will be	of the same type for the	e same premises	now licensed;	
2. the licensee	has complied w	ith all laws of the Com	monwealth relat	ing to taxes; and	
3. the premise	es are now open	for business (If not exp	lain below)		
SIGNED BY	Individual, Part	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:		OYER IDENTIFICAT T Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LIC By:	ENSING AUTH	ORITY
DATE:					



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LICENSE NUMBER	:00/000321		CITY OR TOWN	DAKINSTABLE
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	THE MILL STRI	EET TAVERN INC.		
DOING BUSINESS A	A DUCK INN PU	В		
ADDRESS 447 MAII	N STREET			
CITY/TOWN: BAR	NSTABLE	STATE: MA	ZIP CODE:	02601
MANAGER: GREE	ENE, JOHN N. T	YPE OF LICENSE: Re	staurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF I				
FRONT DINING RO	OM, BACK DINI	NG ROOM, ENTERT	AINMENT AREA	& OUTSIDE
PATIOINDOOR SE	EATING FOR 50,	OUTSIDE FOR 44, SE	EATING IS 17 AT T	ΓHE BAR, 28 AT
		JBLIC RESTROOMS, T/ENTRANCE ON M		
INTO PARKING LO		1/ENTRANCE ON W	AIN STREETON	E EXIT/ENTRANCE
I hereby certify and sv	wear under penalti	es of perjury that:		
1. the renewe	ed license will be o	of the same type for the	same premises now	licensed;
2. the license	e has complied wi	th all laws of the Com	nonwealth relating t	o taxes; and
3. the premis	es are now open fo	or business (If not expl	ain below)	
SIGNED BY				
SIGIVED DI	Individual, Partn	er or Authorized Corpo	orate Officer	
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004, signed	by the building i	nspector and the head	d of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain	in)		-	
DATE:			-	
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: U	07000322		CITY OR TO	WN DAKINSTA	ADLE
APPLICATION FOR R	RENEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: P	IZZERIA BARBO	ONE LLC			
DOING BUSINESS A	PIZZA BARBON	Œ			
ADDRESS 390 MAIN	STREET				
CITY/TOWN: BARN	STABLE	STATE: MA	ZIP COD	E: 02601	
MANAGER: O'TOO	LE, JASON TYF	'E OF LICENSE:Re	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLE	EASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR E	CMAIL ADDRESS		□
DESCRIPTION OF LIG	CENSED PREMIS	SES:			
ONE EXIT ON MAIN STREETTABLE AN SEATING FOR TEN1	ID CHAIR SEATI	NG FOR 42, COUN	TER SEATING		OUTSIDE
I hereby certify and swe	ar under penalties	of perjury that:			
1. the renewed	license will be of	the same type for the	e same premises	now licensed;	
2. the licensee	has complied with	all laws of the Com	monwealth rela	ting to taxes; and	
3. the premises	are now open for	business (If not expl	lain below)		
SIGNED BY	ndividual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPL	OYER IDENTIFICAT	TION NUMBER:
			(Note: <u>NC</u>	<u>OT</u> Individual Social S	Security Number)
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building ins	spector and the hea	d of the fire de	partment for the	above
Please Check Below:			LOCAL LIG	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	ı				
(If disapproved explain))				
DATE:					
DATE.					



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LICENSE NUMBER: 007000324		CITY OR TOWN	Dillabii	IDLL
APPLICATION FOR RENEWAL:	Annual	LICE	NSED FOR 2	013
	CLASS			YEAR
LICENSEE NAME: prova brazil steakhouse DOING BUSINESS A prova brazil steakhous				
ADDRESS 415 MAIN STREET				
CITY/TOWN: BARNSTABLE	STATE: MA	ZIP CODE:	02601	
MANAGER: OLIVEIRA, FABIO TYPE O S.	F LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE	E AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF LICENSED PREMISES:				
SEATS; 21 TABLES WITH 84 SEATS AND WILL BE AT THE MAIN ENTRANCE ON MEXIT TO THE EAST; AND ONE TWO STROF A KITCHEN WITH A DISHWASHER ROOMS AND GRILL AREA, 219 SQ.FT. MIDINING ROOM WITH 33 TABLES AND 13	MAIN STREET UCTURE, THE OOM, WALK-IN ENS AND 275 S	WITH ALTERNA FIRST FLOOR C N COOLER, STO T. LADIES BAT	ATIVE EMERO OF WHICH CO RAGE AND M HROOM, 2010	GENCY ONSISTS MOP O SQ.FT.
I hereby certify and swear under penalties of p				
1. the renewed license will be of the s	•	same premises no	w licensed;	
2. the licensee has complied with all la	aws of the Comn	nonwealth relating	g to taxes; and	
3. the premises are now open for busing	ness (If not expla	in below)		
SIGNED BY Individual, Partner or A	outhorized Comp	roto Officer		
individual, Father of A	Muliorized Corpo	rate Officer		
DATE: TELEPHONE NU	IMDED.	EMPLOY	ER IDENTIFICAT	TION NUMBER:
TELEF HONE IN	UNIDEK.		Individual Social S	
We the undersigned, attest that we are in p Acts of 2004, signed by the building inspect named license and (2) the certificate of liqu of 2010.	tor and the head	of the fire depar	rtment for the	above
Please Check Below:		LOCAL LICEN	NSING AUTH	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)		-		

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

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No.	ON PREMI	ISES LICENSE	E RENEV	WAL APPLIC	ATION	
LICENSE NUMBER: 0	007000325		(CITY OR TOW	N BARNST	ABLE
APPLICATION FOR R	RENEWAL:	Annu	ıal	LICENSED FOR 2013		2013
		CLA	SS			YEAR
LICENSEE NAME: C DOING BUSINESS A ADDRESS 1336 PHIN		ER INC.				
CITY/TOWN: BARN	STABLE	STATE:	MA	ZIP CODE:	02601	
MANAGER: MARCU	US, TODD A.T	YPE OF LICEN	SE:Pouri	ing Permit	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	EASE ALSO VISIT OUR	WEBSITE AND ENTER	R YOUR EMA	IL ADDRESS		
DESCRIPTION OF LIG	CENSED PREM	ISES:				
5000 SQ FT WITH A 1 SQ FT PATIO AREA AREAEXTERIOR PA STANDEES ON THE I	TWO EGRESS ATIO WITH 6 P	SES 1 REAR OF	FBREWI	ERY AND 1 AT	Γ FRONT OF	RETAIL
hereby certify and swe	ear under penalti	es of perjury tha	ıt:			
•	license will be o			ame premises no	ow licensed;	
	has complied wi			_		
	are now open fo				,	
SIGNED BY	Individual, Partn	er or Authorized	d Corpora	nte Officer		
DATE:	TELEBIIO	NIE NILIMBED.		EMPI OV	ER IDENTIFICA	TION NUMBER:
	TELEPHO	NE NUMBER:			Individual Social	
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building i	nspector and tl	he head o	of the fire depa	rtment for th	e above
Please Check Below:				LOCAL LICE	NSING AUTH	IORITY
APPROVED:	1			By:		
DISAPPROVED:	I >					
(If disapproved explain))					



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

	ON PRE	EMISES LICENSE REN	EWAL APPLICAT	<u> </u>
LICENSE NUN	MBER: 007000326		CITY OR TOWN	BARNSTABLE
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
THI LICITIO	(TORTE)	CLASS	ZICZI (YEAR
LICENSEE NA	AME: CHIPOTLE N	MEXICAN GRILL OF CO	OLORADO, LLC	
	NESS A CHIPOTLE			
ADDRESS 793	3 IYANNOUGH RD			
CITY/TOWN:	BARNSTABLE	STATE: MA	ZIP CODE:	02601
MANAGER:	MARTIN, CHRISTOPHER	TYPE OF LICENSE: RO	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	EMISES:		
SEATS. MAIN LOT FACING	ENTRANCE IN TH NORHT. ENTRANC	48 INDOOR SEATS. 228 IE MALL VESTIBULE I CE ON EAST SIDE, EXI STORED IN REFRIGER.	N FRONT OF MAL T ON SOUTH SIDE	L AND PARKING
I hereby certify	and swear under pen	alties of perjury that:		
1. the 1	renewed license will b	be of the same type for th	e same premises now	licensed;
2. the l	licensee has complied	l with all laws of the Com	monwealth relating t	o taxes; and
3. the 1	premises are now ope	en for business (If not exp	lain below)	
SIGNED BY		artner or Authorized Corp	oorate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004, s	signed by the buildir	ng inspector and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belo	w:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	MIO AUTHORITI
DISAPPROVE	D:		J .	
(If disapproved	explain)			